

# Chemist & Druggist

Benn »

NOVEMBER 22 1975 THE NEWSWEEKLY FOR PHARMACY

## Wella Balsam Creme Rinses



*Great sales, naturally*

The new, natural Wella Balsam Creme Rinses — guaranteed, sure-fire, fast movers. In three formulas — Almond for dry hair, Lemon for greasy, Herbal for normal hair.

Balsam Creme Rinses is another successful new launch from Wella. Naturally.

In popular 95cc and economy 175cc sizes.



we know about hair.

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Co-ops' new  
sign for  
pharmacies

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Roche back  
in VPRS

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Pharmacy's  
socialist  
future?

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Profits rise  
for Boots  
and Weston

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Camouflage  
makeup

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# APOCAIRE

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	8 oz.	24	6.11	34p	40p
<b>ATLAS</b> <b>MAGICUBES</b>	3	20	12.375	83½p	
<b>BRUT 33</b> LUXURY BATH FOAM	200cc	12	5.755	64p	79p
<b>CURITY</b> <b>SNUGGLERS</b> DISPOSABLE NAPPIES	Newborn	12	7.84	82p	97p
	Daytime	12	9.69	99p	£1.20
	Nighttime	12	7.275	75p	90p
	Toddler	12	7.995	84p	99p
<b>MACLEANS</b> TOOTHPASTE	Banded Packs	24	5.18	29p	50½p
<b>MIDAS</b> FOAM BATH	Standard	200cc	6	1.705	39p
	Large	500cc	6	3.37	77p
<b>WELLA</b> COLOUR CONFIDENCE		3	1.08	49p	72p

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# Chemist & Druggist

The newsweekly for pharmacy

22 November 1975 Vol. 204 No. 4991

117th year of publication

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# Comment

## Sign of the times

A new sign will appear in Britain's High Streets next week—a symbolic representation of Co-operative pharmacy (see p711). The motif, depicting a husband and wife with their baby in a pram, carries the words "Family care and beauty" and will appear in Press advertising for Co-operative pharmacies in a major campaign over the next two months. The invitation to the consumer will be "Shop where you see this sign."

According to a Co-op spokesman, use of the motif does not mean an end to the use of the word "pharmacies" in their advertising (currently the subject of dispute with the Pharmaceutical Society). Both would be used together, though "eventually no doubt" the sign alone would be recognised. This suggests a future problem for the independent, parallel to that presented by Boots' ability to advertise today without using "chemist"—to many of the public, "Boots" and "chemist" are synonymous.

Now, it appears, Boots are advertising the price advantage of their medicines on television (p710). That is their right, but it is not a method of promotion open to their independent competitors because nothing short of use of a restricted title would persuade the customer that "Numark," for example, was the right place to go for a medicine.

As if the continued ban on independents identifying their qualification and "trade" were not enough, the Co-operative motif rubs salt into the wound by including the word "care". Used alone, the word has been presented as creating an invidious distinction between those pharmacies that care and those that, by inference, don't care. Chemists in the ICML group are as a result now Numark—but they are symbol-less so far as something readily identified with a pharmacy is concerned. The reaction of the Council of the Pharmaceutical Society to the Co-op motif will be awaited with keen interest by the whole independent sector of general practice.

## Welcome

Settlement of the dispute between the Government and Hoffman-La Roche over the pricing of Librium and Valium (p730) will be welcomed by all in the pharmaceutical industry. The case has given some politicians ammunition which they have used against the whole sector, and unfortunately there are those who do not seem to know the difference between the "industry" and the "profession" in pharmacy.

Indeed, it was noticeable at the Socialist Medical Association meeting last week (p725) that some of the reasons put forward for nationalising general practice pharmacy derived from "failures" of the industry—thus the removal of any sore that brings the industry into disrepute benefits the profession as well.



**The greatest ever  
pre-Christmas photographic  
advertising campaign...**

# November 20th. From Polaroid.

Between November 20th and Christmas, over £500,000 will be spent on advertising Polaroid cameras.

That's our biggest pre-Christmas promotion budget ever. Four times bigger than last year, and almost certainly bigger than anyone else in the photographic industry.

There'll be national television, with both 15 and 30 second spots for our Super Swinger and Colour

Swinger cameras. Plus national newspapers and major magazines.

And, of course, hopefully we'll be in your store with supporting displays and promotions.

So make sure you're well stocked.

Because with that big an increase in our spending, just think how your sales are going to increase. And your profits too.

## **Polaroid Instant Picture Cameras.**



# ASTMS starts general practice section

The Association of Scientific Technical and Managerial Staffs is to go ahead with the formation of a general practice pharmacy section within the Union with membership open to both employee and proprietor pharmacists.

Mr S. Davidson, assistant secretary, ASTMS, told *C&D* on Tuesday that a steering committee had been set up under his chairmanship to organise an initial recruiting drive. The committee's secretary is Mr S. Blum, and other members are M. Leaman, "Geraint Davies", E. Hurt and G. Baxter. It was intended to make provision on the committee for existing organisations—such as Counterbalance, and the Salaried Pharmacists Union—and the committee had a "fruitful" meeting with a representative of the latter on Monday.

The committee on Wednesday published the aims and objectives of the new section as follows:

## Membership

Open to all pharmacists in general practice.

## Aims

☐ To unite all general practice pharmacists within one established union, backed by the full financial support and bargaining expertise of ASTMS.

☐ To improve the remuneration and to represent the interests of employee pharmacists of the large multiple public companies and to establish negotiating machinery on their behalf.

☐ To act on behalf of employees of independent contractors, by giving them common ground on which to discuss their career opportunities with their employers, and to give all employee pharmacists an efficient voice in determining their future and the future of pharmacy.

☐ The general practice section will be operated solely by pharmacists, who will elect their own officers, and whose members will be responsible for formulating their own policies, and their implementation. The general practice section will be an entity in exactly the same way as is the hospital pharmacists' section, and in similar manner, will not be subjected to any external pressures from within the rest of the Union, political or otherwise. The final decision on all matters affecting general practice pharmacy will rest entirely with the members of that section of the Union.

☐ The membership of the pharmacy section of ASTMS will have access to the full facilities of ASTMS at all times, including the Parliamentary panel of 33 MPs in the Commons and four members in the House of Lords, ensuring a stronger voice for pharmacy in Parliament than it could ever otherwise hope to attain.

## Objectives

☐ To obtain realistic rates of remunera-

tion for independent chemist contractors.

☐ To support negotiations for a new contract for the independent pharmacist contractor.

☐ To protect the livelihood, promotion and increased salary prospects of employee-pharmacists of the large multiples, by ensuring that their future positions as managers of the larger department store types of pharmacy are not usurped by the public companies replacing them in their management positions by unqualified management.

☐ To enable all pharmacists to play a decisive part in moulding the future of their profession by means of unity and a strong and effective voice in both Houses of Parliament.

☐ To prevent the ever continuing decline and demise of the independent pharmacy which can only result in the emergence of a monopoly in the provision of pharmaceutical services by the giant public companies who have both the finances and the purchasing power to achieve this, at the cost of the pharmaceutical profession at large, and at the expense also of a hitherto efficient public service which has been provided in the past.

☐ To prevent the misuse of medicines by restricting sales to the public to pharmacies only.

☐ To support the professional policies of the Pharmaceutical Society.

## Librium, Valium supplies normal until price rises

Roche Products say that chemists will be able to buy "reasonable" quantities (that is, their usual amounts) of Librium and Valium pending the price increases agreed with the Government (see p730). Production of the two preparations will continue at present levels.

The date of the increase is uncertain because the Government Order revoking the Order which set the current prices cannot become effective until 30 days after it is laid before Parliament. During that period it is still possible for an MP to challenge the Order, which might result in a debate in Parliament. The anticipated prices for Librium will be 50 per cent up on the current controlled levels, and double for Valium.

## Anti-inflation campaign to continue

The Government does not intend to change its anti-inflation advertisement featuring Boots chairman, Dr Gordon Hobday. Replying to criticism of the advertisement by the National Pharmaceutical Union (*C&D*, November 1, p605), the Prime Minister's private secretary says the purpose of the

campaign was to allow industrialists and trade union leaders to state in their own words, and from their own points of view, why they believe it is essential in the national interest that the nation must conquer inflation.

"It was therefore to be expected that the contributors to the campaign would make some mention of their organisations. But this was not, of course, with the intention of making capital out of their contributions. I am sure that this is as true of Dr Hobday's contribution as it is of the contributions of the other people in the campaign.

"In view of this, it does not seem necessary to withdraw any further advertisements."

The reply is to be considered at the NPU Executive's meeting next week but is being regarded as "unsatisfactory."

## Boots advertise the value of their medicines

Boots are now using a television advertisement which emphasises the price advantage of their medicinal products. The commercial's "visual" shows vapour rub, cream of magnesia, health salt and a spoonful of red syrup, ending on a composite display of some of Boots own medicinal products.

The "voice over" gives the following commentary: "Have you ever looked at the prices of medicines by Boots? Family medicines like vapour rub, cream of magnesia, health salts and cough mixtures. Like all products made by Boots they are really good value for money. Boots family medicines—just compare the prices".

The commercial has been shown recently on Anglia.

## Council member becomes a proprietor

Mr Michael Millward, a member of the Pharmaceutical Society's Council, has joined the ranks of proprietor pharmacists by opening a pharmacy close to the shop (now moved) where he was formerly manager for a multiple. He has also had experience in industry and was superintendent pharmacist for the Co-operative Society in Coventry (see p730).



Seventeen year-old Sue Kendrick, sales assistant, Portsea Co-op pharmacy, Southsea, receives a cheque for £25.00, first-prize in a beauty snapshot competition, "Miss Tudor dealer", run recently by Tudor Processing Ltd. Mr M. de Semlyen, managing director, presented her prize in Tudor's London headquarters



# Co-ops to 'identify' their pharmacies with a new motif

Co-operative Society pharmacies are to be "identified" by a new motif which ties together both their consumer advertising and the pharmacy premises. In the advertising the word "pharmacies" will continue to be used—though discussions have been held with the Pharmaceutical Society on Councils' objections to this policy.

A Press notice from the Co-operative movement says that from November 24 most of the 500 or so Co-op stores managed by a professional pharmacist will display the motif.

"Featuring the words 'Family Care and Beauty', the new motif will identify the special services provided by the Co-op pharmacy. Completing the sign, an illustration depicting a husband and wife with their baby in a pram, will underline that the shop caters for the needs of all members of the family.

"The new approach has been developed after an intensive programme of research and discussion to determine consumer attitudes towards purchasing toiletries, cosmetics and medicines, and to ascertain what shoppers find unique about chemists as a source of purchase for the product.

## Consumers' needs

"The studies considered the traditional and emotive requirements of consumers from a 'chemists shop' as well as the more modern practical needs such as special offers, particularly on toiletries, and the desire to assess 'personal products' without the need to consult assistants. In a phased series of group discussions with consumers, purchasing sources and patterns for cosmetics and toiletries were also examined, and researchers probed whether products were bought as part of the general housekeeping or from the housewives' personal budget.

"Adoption of the new sign is seen by the Co-op as the solution to its need to identify, in advertising and promotional terms, activities and special offers which are exclusive to the pharmacy trade. Previously advertising in support of pharmacies has been contained within the overall national campaign, but as part of this new strategy, the Co-op is planning 'specific' advertising that is expected to have considerably stronger impact. Using the 'Family care and beauty' motif to identify the shops, national and local advertising campaigns will invite shoppers to 'shop where you see this sign'. Help in local 'Family care and beauty' advertising campaigns will be available from the CWS so that retail societies can prepare and feature their own advertising, using both national and local material. To complete the link, store 'identity kits' have been

*The new Co-op pharmacy motif (right) will appear in advertising and at premises—including hanging signs, window stickers and on badges for staff*



produced which include window stickers, door signs, till stickers, hanging signs and name badges for staff."

It is understood that national Press advertising will continue until January and that added weight will come from the inclusion of a "Christmas gifts" promotion. The Co-op says: "With the new sign and wording to define their role, Co-op pharmacies will be a growing force on the High Street."

## Need for both community and health centre pharmacy

Pharmacy must be represented whenever possible within health centres if pharmacists are to continue to participate fully in the National Health Service, Mr David Dalglish, member of the Pharmaceutical Society's Council, told the Merseyside regional conference last week.

If pharmacists showed reluctance they might soon have to participate in health centres "virtually at gun point", he warned. "The patients will and, indeed, do now demand the inclusion of a pharmacy in health centres, and politically speaking, what the public wants today, the Government will try and give them tomorrow."

But even with the "explosion" of health centres, Mr Dalglish believed that it was essential to maintain a network of community pharmacies. Future developments

of community pharmacies and health centres should be considered together, always bearing in mind the accessibility of the former and the pharmacist's important role in advising the public. More research should be done into how often the public sought the pharmacist's advice.

He added that the community pharmacist's involvement in distribution of OTC medicines was so important that confining pharmacy to health centres only would leave an enormous gap in the health care of the nation, a gap which should not be left to non-professionals to fill. Above all, governments should consider a planned service if pharmacy was to play its vital role in health care teams.

Mr Dalglish outlined reasons for pharmacist's reluctance to participate in health centres. One was economic—governments should provide funds for pharmacists financially harmed by health centre development. Pharmacy must be able to insist on inclusion in a health centre without any commitment by the pharmacist, for at present there was no guarantee that general practitioners would occupy a planned centre. However, the doctors' choice in this matter was likely to be revoked eventually by the Government.

The theme of the discussion was that the Society could do more to help pharmacists by issuing advice to local branches faced with health centre development.

## US campaign for consumer acceptance of safety packs

The US Consumer Product Safety Commission is planning a large scale campaign next year to increase consumer acceptance of child-resistant packaging and, hopefully, to demonstrate its effectiveness.

Mr Georg S. Maisel, director of the Commission's division of poison prevention packaging, told a congress in Paris on pharmaceutical packaging and child security last week that there had been some consumer resistance to the US safety packaging programme, particularly from the elderly and handicapped who were unable to use the special closures, and from those consumers who resented government interference in their daily lives. In spite of this opposition, Mr Maisel was convinced that child-resistant packaging would be the key

element in bringing about a dramatic decline in child-poisonings within the next few years.

Reviewing the UK situation, Mr A. G. Shaw, secretary, Association of the British Pharmaceutical Industry, reiterated the industry's plea for clear guidance from the Government when manufacturing changes were necessary.

Authorities must recognise that manufacturing changes could take several years to complete and, before resources became too heavily committed, more research was needed into the effectiveness of packaging, its patient acceptance and, above all, to find out the best ways of avoiding accidental poisoning in children. Health education could give the best results.



# Medicines in list of items for possible price restraint

The Department of Prices and Consumer Protection has issued a consultative document to organisations involved in discussions on its proposed selective price restraint scheme (*C&D*, November 1, p604)—and an annex shows the areas from which items for inclusion in the scheme could be selected.

Among item groups in the annex are medicines, toilet requisites, soap and detergents, and photographic and optical goods, as well as food, durable household goods, clothing, fuel, transport, alcoholic drink, tobacco, and services including postage, and telephone. However, a spokesman for the Department told *C&D* on Tuesday that the annex was basically the same as the product groups used to calculate the monthly retail price index, with the exception of subsidised foods which were subject to external influence eg from the EEC. He emphasised that no decision had yet been taken on what groups would be selected for the scheme, and only one of a series of meetings had yet been held with the Retail Consortium and Confederation of British Industry on the proposed scheme.

The Department aim to keep the inflation rate down to 5 per cent for the first six months of next year and 10 per cent over the whole of 1976. It hoped to operate the price restraint scheme over the period February 1 to July 31 next year—the latter date being when the Government's current anti-inflation legislation lapses.

□ An indication of the effectiveness of the Government's anti-inflation strategy was given last week by Sir Arthur Cockfield, chairman, Price Commission. Speaking at a CBI conference, Sir Arthur said that since the new policy started, the Commission had received 1,500 price increase notifications, just over 300 of which included notifications of pay settlements coming under the new rules. That proportion of one in five has been increasing as time went on, and it was one in three in October, illustrating that pay settlements at lower levels were increasingly taking over from those at the old levels of last summer and were producing lower levels of price increases. Sir Arthur added that the Commission expected the level of increases for private sector industry over the whole of 1975 would not exceed 15 per cent—that was "real and substantial progress towards achieving the target of reducing inflation to single figures by the end of next year."

## Dricol recall

During the course of routine monitoring of Dricol nasal drops and spray, Bristol Laboratories, Langley, Slough SL3 6EB, report that non-pathogenic organisms have been identified that were not inhibited by

the bacteriostatic system within the product. The company are anxious to confirm that all stocks have not been adversely affected. Retail pharmacists are asked to return all stocks of Dricol to the wholesaler from whom they were purchased in order that they may be returned to Bristol Laboratories for full credit.

## Corneal grafting sticker

Optrex Ltd have produced a car sticker to aid the corneal grafting campaign, which aims to encourage people to donate their corneas for use after death.

The sticker, produced in association with doctors at the Tunbridge Wells Group of Hospitals, reads "Give sight—Donate your eyes. Your doctor or chemist has details." At present it is available only in the Tunbridge Wells, Harlesden and Uxbridge areas, where pharmacists will be told to whom they should refer customers for signing the appropriate certificate. The campaign is expected to go national.

## Doctor gives views on pharmacists

An article in *General Practitioner* telling doctors what pharmacists dislike about their prescription writing (*C&D*, October 25, p562) has prompted an anonymous doctor to give his views on pharmacists.

"Mostly I don't complain to the pharmacist at all even when I come across errors in dispensing," the writer says. "I simply realise that we all make mistakes and that the standard of local pharmacists is mostly very high indeed."

He gets irritated when an un-called for substitution has been made because the

pharmacist is out of stock—usually for oral contraceptives and steroid ointments. The only time he has spoken "firmly" to a pharmacist was when she refused to dispense a well-known intramuscular iron preparation because she had been on a course where its use was condemned.

On the positive side, he consulted his local pharmacists frequently, was often glad when they queried a dose and said his telephonist would not hesitate to put a pharmacist through to him—"surgery or not, they are considered important members of the medical team in my practice."

## David Sharpe on radio

Mr David Sharpe, chairman of the National Pharmaceutical Union and member of the Society's Council, was interviewed on the BBC radio 4 programme "Woman's hour" on Wednesday as part of a new series on "Do it yourself medicine". He explained how the public could make the best use of pharmacists by consulting them for minor ailments.

## French holiday exchanges

A holiday exchange scheme for families of pharmacists in Britain and France is again to be organised by the Franco-British Pharmaceutical Commission. Under the scheme the child or children of a British pharmacist may stay with the family of a French pharmacist, hospitality being offered (in the same or a subsequent year) to the children of the French pharmacist in return. All costs, apart from transport, are met by the hosts.

The Easter holidays have been popular for exchange visits and the scheme will this year, experimentally, be operated in two stages. Pharmacists wishing to arrange an exchange for Easter should complete an application form and return it by the end of December 1975. For summer visits the form need not be returned until the end of February. Lists and particulars of British applicants will be sent to all French applicants and vice-versa, members being left to complete the necessary arrangements.

Further particulars and application forms may be obtained from the assistant secretary, Franco-British Pharmaceutical Commission, 36 York Place, Edinburgh.

*The happy face of 1 year old Andrew Boothman from Goole, North Humberside, won him first prize in the recent Robinson's Baby Foods/Kodak "happy baby" photographic competition. His parents receive £150 worth of Kodak equipment*



*portrait of Andrew each year for the first five years of his life. Andrew receives a supply of Robinson's baby food two and two Robinson's cuddly toys. Hundreds of entries were received for Kodak's "most successful point of sale competition in recent years". Four runners-up won Kodak pocket Instamatic 300 and 50 consolation prizes of photograph albums have also been awarded. All winners received a supply of Robinson's baby food one or two, depending on the age of the baby. Presenting Mr and Mrs Boothman their prizes were left Miss Barbara Jackson, Kodak Ltd, Mr R. Burns, Robinson Baby Foods (centre) and Mr Walker, manager of Boots, Goole, where Mrs Boothman bought her Robinson's baby food*



# 'Publicise hospital pharmacy by high standards'

"The hospital pharmacist has very little standing in the eyes of the patient", Professor P. H. Elworthy, head, Department of Pharmacy, Manchester University, told the inaugural meeting of the Pharmaceutical Society's hospital pharmacists group last week.

Professor Elworthy felt that part of the reason was "sheer bad luck" in that the pharmacist did not have a potent symbol by which he could be recognised—the patient could distinguish a doctor's stethoscope in a crowd, "but he can't tell the difference between the hospital pharmacist and the man who stokes the boiler"—and, humorously he suggested that hospital pharmacists should wear "green plastic ears." He also felt that in the past the hospital pharmacist had not made the contribution to treating the patient that he might be able to do in the future. For such "publicity of excellence", there had to be not only something worth offering, but it had to be pointed out to those involved what the value of the contribution could be, "otherwise that contribution will never be accepted and used for a patient's benefit."

Professor Elworthy stressed the importance of the pharmacist's confidence as that would make an impression on the patient and doctor; he could not be "brow-beaten" if he really knew the subject. The spectrum of a hospital pharmacist's activity, he felt, could be widened further if knowledge was applied in a confident way and further help was obtained from higher education.

## Assessment needed

Professor Elworthy reviewed the types of further education currently available to the hospital pharmacist. He felt there should be some sort of assessment involved in such courses, both to help the participants and those who financed the course. As a member of the Society's working party on pre-registration training he felt the Society's Council had missed an opportunity of helping the student by stipulating a period in hospital pharmacy, which was the best place for contact with the clinical situation. On the content of courses, he felt that only an improvement on the clinical front could create a worthwhile advance, and he saw future areas of specialisation as being along medical lines.

Hospital pharmacists are a privileged group, he felt, with salaries better than elsewhere in the profession. The rise in importance of hospital pharmacy was due to two "accidents": the Noel Hall report and the activity of the Association of Scientific, Technical and Managerial Staffs. However, Professor Elworthy queried whether the salaries were worth the work. He felt the answer at the moment was no—because "no hospital pharmacist has

initiated an advance which has significantly altered for the better the treatment of a major number of patients through drugs using scientific data."

However, for the future, he felt the answer was possibly yes: "I really believe that if you take advantage of your position and use higher education as a tool to get really involved with the patient and the physician, you can change not only the face of pharmacy but can demonstrate at large the value of your work. If this can be achieved, you will have made the most significant advance to the profession of pharmacy for many years."

Following Professor Elworthy's address, the meeting discussed the draft constitution and rules of the group. The meeting's chairman, Mr J. C. Bloomfield—who is chairman of the Society's hospital pharmacy subcommittee—explained that it was hoped to establish the group on January 1, 1976 so that all the formalities on the group's constitution could be completed next spring. The hospital pharmacists present—over 150—recommended that the group's committee should be elected on the basis of regional representation, but were split on whether there should be one committee member elected exclusively from regional or area pharmaceutical officers.

## Doctors may need to prove their good health

Doctors who qualify in future may have to produce a certificate of good character and physical and mental health before registering with the General Medical Council.

A spokesman from the GMC told *C&D* that this decision was made because other EEC countries have similar requirements and it would prevent, say, a mentally unstable French doctor from practising in the UK when unable to practise in his own country. The idea is to be discussed with deans of medical schools in March 1976 and, if accepted, legislation would be needed to change the present medical Acts.

## Pharmaceutical trade surplus up by 40 per cent

Exports of pharmaceuticals in the first three quarters of 1975 reached £277.63 million—an increase of 27 per cent over the corresponding period last year, according to the Association of the British Pharmaceutical Industry.

With imports at £70.47 million, the trade surplus amounted to £207.16 million—up by more than 40 per cent on 1974 figures. The current ratio of exports to imports, almost four to one, is believed to exceed that of every other country except possibly Switzerland.

□ Mr J. S. Hunter, president, Chemical

Industries Association, told the Association's annual meeting last week that the industry had invested £2,840m over the period 1965-1974, permitting the supply of chemicals to the home market to increase at twice the rate of growth of UK manufacturing industry generally. Exports had increased by an average of 10 per cent a year in volume terms and the favourable trade balance had grown from £168m to £562m over the same period. The industry was currently investing 85 per cent in money terms more than a year ago, part of a long-term programme to give sufficient capacity to meet a UK demand growing at 5 per cent by volume a year between now and 1980, and provide for export growth of 10 per cent per annum.

## Benevolent Fund dance has Dublin venue

The Pharmaceutical Society of Ireland's annual Benevolent Fund dance will be held this year at the Shelbourne Hotel, Dublin, on December 2. The sherry reception is planned to start at 8.30 pm, and the dinner at 9 pm, followed by dancing until 2 am. Tickets, £4.50 each (£3.50 for students), are available from the Benevolent Fund secretary, 18 Shrewsbury Road, Ballsbridge, Dublin 4, and potential participants are being encouraged to make a special effort to attend as the dance is being held in the Society's centenary year.

## Need for modified NDM

There is an urgent need for a low-solute national dried milk, writes Professor A. G. M. Campbell, department of child health, Aberdeen University, in *The Lancet* last week.

The rapidly increasing costs of commercial modified milks were putting them out of reach of more and more mothers. However carefully they were taught, mothers would still make mistakes in preparation of milks—mistakes which should not be allowed to harm their babies. "If a drug was known to be implicated in the illness or death of several thousand infants a year I suspect that it would be promptly withdrawn from the market," the author adds.

## Westminster report

### Royal Assent for Bill

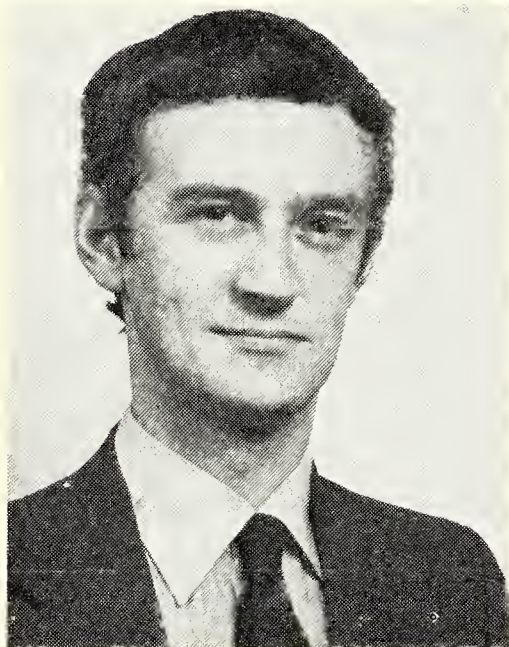
The Employment Protection Bill received the Royal Assent last week. The provisions of the subsequent Act—which cover industrial relations, trade union recognition, rights of employees, maternity leave, redundancies, unfair dismissals, and statutory joint industrial councils—are to be brought into force in stages starting in the new year. Another Bill to receive the Royal Assent was the Sex Discrimination Bill.

### Script charges yield £22m

The yield of charges for prescriptions dispensed by chemists in England was £22.9m in the financial year 1973-74 and is expected to be £22.8m in 1975-76—an average charge on all prescriptions of 8.7p and 8.1p respectively, according to a written Commons reply last week by Dr David Owen, Minister of State for Health.



# People



**Dr Colin Virden**, BPharm, PhD, MPS, MIBiol, has been appointed deputy secretary of the Pharmaceutical General Council (Scotland). He graduated BPharm (London external) from Portsmouth Polytechnic in 1968 and after pre-registration experience with Boots Co was for four years a research assistant at Portsmouth School of Pharmacy, working with Dr E. T. Abbs on the pharmacology of adrenergic neurone blocking agents. For the past two years Dr Virden has been on the staff of the Pharmaceutical General Council in Edinburgh, and having a special interest in the use of computers, has been studying, in conjunction with a Unilink team at Heriot-Watt University, various aspects of the remuneration of Scottish chemist contractors. Dr Virden's wife, Jane (née Redfern) is staff pharmacist (information services) at the Western General Hospital, Edinburgh.

## Deaths

**Bailey:** Recently, Mr Alfred Bailey, formerly UK sales manager, Weddel Pharmaceuticals Ltd. Mr Bailey joined the company when it first started in 1953.

**Dr E. A. Rawlins**, former head of Brighton School of Pharmacy (last week, p680). *Dr J. C. Parkinson, deputy director, Brighton Polytechnic, writes:* Alex was a man of parts and also a family man, indeed a man with many families since his work and recreation was characterised by a family spirit. His nickname of "Uncle" in the School of Pharmacy was not a trivial soubriquet but demonstrated the warmth of affection of his colleagues and students. His great courage in the last few years and continual cheerfulness is an example to all of us who know of the suffering and anxiety which he endured and we were glad that he had the satisfaction of seeing his son's graduation in pharmacy from his former University. Unhappily he did not see his book emerge from the press but knowing

# Topical reflections

BY XRAYSER

## Pre-registration

More thought and consideration are being lavished on the problem of how best to employ the young trainee during his pre-registration year and Mr J. P. Bannerman, president of the Pharmaceutical Society, examined the subject at the recent conference of Scottish pharmacists in Edinburgh. However, the problems were not unforeseen when the decision was taken to abolish apprenticeship as such.

One of the obstacles envisaged at the time was that of tutoring a beginner who was no longer a novice. Gone were the conditions which many of us knew—conditions which followed closely the principle of Mr Wackford Squeers—in which the sweeping of a floor, or the dusting of a row of shop rounds was accepted. The question has yet to be decided of how to bring the student at the earliest possible date into contact with reality—not so unimportant as some academics of my acquaintance would have us believe. Having said that much in a general way, I should like to examine more closely some of the things that Mr Bannerman said.

For example, the speaker stated that although one tried to involve the trainee in the work of handing over the medicine, there was a marked reluctance to talk to the patient about side effects and to explain the mode of action. There must always be hesitation in discussing side effects for a variety of reasons, not the least of which is suggestion, and only long experience can lead one to judge when it would be politic to drop a hint to the customer. I should hesitate to encourage the young student to do more than watch and listen for some considerable time. Knowledge and enthusiasm in an untested area might do harm.

Mr Bannerman is an enthusiast for typewritten labels. I must confess, having seen some handwritten ones in recent years, that there is a good deal to be said for the typewriter, yet I can remember the beautifully legible labels published in "The Art of Dispensing" of many years ago and how we were adjured to model our style on what was shown there: I expect it will be regarded as completely out of date to say that such a label seemed to be more personal than a typed one, and certainly more so than the abomination of the printed one with blank spaces for the number of spoonfuls and before or after meals. But that is a small point. My contention has always been that no one need ever be other than legible.

the detailed effort put into that work after many years I have every confidence that it will be a lasting memorial to a life of dedication to the needs of other people. *Mr F. A. J. Talman, principal lecturer in pharmaceuticals, writes:* Dr Rawlins succeeded Dr J. C. Parkinson as head of the School in 1964, at a time when it was still settling down in new accommodation at the Moulscroomb site. Soon after this the external London degree was phased out and replaced by the CNAA award. Dr Rawlins retired in the summer of this year and in the latter years of his headship had seen the annual intake to the school rise from some 45 students to the present figure of 72. That these changes could take place in little over a decade without compromise to the high academic standards of the school stands as a lasting tribute to his management at a crucial period in the school's history. Characteristically, Dr Rawlins firmly believed that academic training should equip the graduate pharmacist not only to deal with present problems but also should have

continuing relevance into the foreseeable future of his professional career. It is sad that, as editor responsible for revision, Dr Rawlins did not live to see the publishing of the latest edition of Bentley's Textbook of Pharmaceuticals. It is perhaps the man, rather than the academic, that many of us will best remember. To students and staff he was "uncle" (his own invention), to friends he was "Doc" or Alec—all terms of affection that sprang directly from his own sympathetic personality. A committed Christian and staunch Congregationalist, Alec cared about people. He ran the church youth club for many years, sang in the church and in the Worthing Municipal Choir, produced plays for the Worthing Congregational Players and even painted the scenery! Few realised that he was an accomplished amateur instrumental musician. Unfailingly courteous even under extreme provocation, Alec was, in a phrase, a truly gentle man. Whether we were his students, his professional colleagues or his personal friends we are all diminished by his passing.



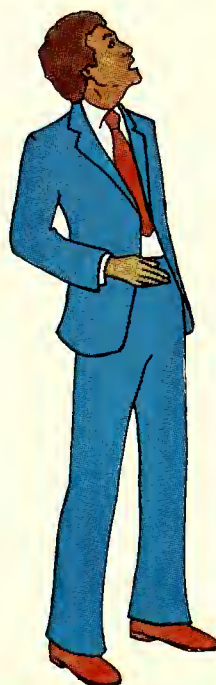
# Aquafresh goes on growing because it gives MORE!

Not just fluoride  
Not just cleaning power  
Not just a mouthwash

...but all three  
in a single tube.

That's why more and more  
of your customers choose  
Aquafresh - the only brand  
to offer all round oral hygiene.

BEECHAM PROPRIETARIES BRENTFORD MIDDLESEX



**BEECHAM  
TOILETRIES**

*-sell through faster.*



# THE NEW FREFLO FEEDER GETS IT RIGHT.

## Right design.

Now Smooth as glass and so much safer!

We've completely re-designed the new Freflo feeder to incorporate all these outstandingly helpful features.

\*Freflo's rimless neck has no raised edges to trap germs.

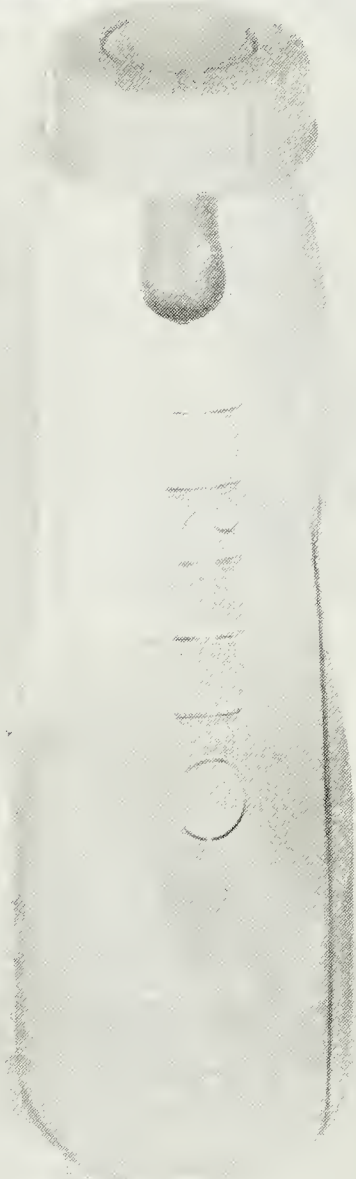
\*The lower part of feeder has strong but flexible walls which when squeezed gently helps prevent airlocks.

\*Hygienic boilable teat cover clips over bottle cap and keeps teat clean. Ideal for night feeds.

PLUS! Thumbgrips that make feeder comfortable to hold.

AND! Graduations in ounces and millilitres.

Boilable, lightweight and virtually unbreakable.



## Right packaging.

Having got the feeder right we turned our attention to the packaging. We used a bright orange and white colour scheme but designed it as a simple half sleeve to keep the cost at a highly competitive level.



## Right price.

The label displayed on the bottle says it all. This is a special introductory offer which includes a FREE Teat Cover. So get your order in quickly. (Offer applies to UK only while stocks last.)

**NEW!**  
Introductory offer  
**35P**  
in economy packaging  
WITH  
**FREE**  
TEAT COVER  
Reg. Price will be 41p

## Right promotion.

And to do justice to our brand new bottle we're launching it with a massive press promotion.

We'll be reaching nearly 9,000,000 consumers with impactful, informative advertisements in: Mother, Mother and Baby, True Story, True Romances, Woman, Woman's Own, Woman's Weekly, Woman and Home, Woman's Realm, Health Visitor, Nursing Mirror, Nursing Times and Part I & II of You & Your Baby.

All ads. promote 'Special Introductory Offer' and other Lewis Woolf products.



## Griptight Freflo

THE SAFEST PROFIT YOU'VE EVER MADE

Lewis Woolf Griptight Limited, Home Sales Department,  
144 Oakfield Road, Selly Oak, Birmingham B29 7EE.



# New products

## Optical

### Soft contact lens care system

The Nusyte division of Alcon Laboratories Ltd has introduced a range of products for the care of hydrophilic lenses.

Pliagel (25ml, £0.93) is a cleaning solution designed for daily elimination of proteinaceous material and surface deposits left by boiling. It is a clear, sterile solution containing a high molecular weight non-ionic detergent, Poloxamer 407, in an isotonic vehicle preserved with sorbic acid 0.1 per cent and trisodium edetate 0.5 per cent. It is recommended for use before lens disinfection with Pliacide but may be used in association with the boiling method.

Pliacide is a cold-soak system designed to disinfect soft lenses without boiling. The complete starter kit (£6.00) contains Pliacide, a solution of active iodine, Nutraflow solution containing sodium chloride, sorbic acid and trisodium edetate, a Portaflow lens storage case and a dropper unit. Five drops of Pliacide are added to the lenses in the case, topped up with Nutraflow solution and shaken. After about two hours the colour change from brown to colourless indicates that the sterilisation process is complete. Refills are available.

Pliasol (120ml, £1.05) is an isotonic sodium chloride solution similar to Nutraflow, for rinsing and boiling (Nusyte contact lens division, Alcon Laboratories (UK) Ltd, Thorp Arch trading estate, near Wetherby, Yorks).

## Babycare

### New baby range

Rand Rocket have launched the first product in the new Lord Randolph baby range—nail clippers (£0.23). The clippers are blister packed and feature "Lord Randolph" (Rand Rocket Ltd, Imperial Way, Watford, Herts WD2 4XX).

## Cosmetics and toiletries

### Guerlain create Parure

Parure is the latest fragrance from Guerlain, described as a blend of lilac in a chypre base of vetiver and amber set against the warmth of fresh fruit scents and fragrant spices.

There are three sizes of perfume attractively presented in smooth flacons with elaborate stoppers (1-oz £18.30; £11.50; £6.80). The eau de toilette sprays (two sizes: £3.90, £8.50) are presented in gold inlaid with turquoise, and there is a standard 95cc bottle (£6.60). A bath range is planned for 1976.

A range of 18 lipsticks and 12 nail polishes plus base coat have also been introduced by Guerlain Ltd. The lipsticks (£1.75) are soft, "super-moisturised" and are presented in a square case in gilt and black. The nail polishes are a new formula



said to be hard wearing and resistant to chipping. Colours range from soft, shell pinks to burnished browns and vivid reds (Guerlain Ltd, 22 Aintree Road, Perivale, Middlesex UB6 7LP).

## Health foods

### Natrodale range additions

J. I. Rodale & Co Ltd are launching under the Natrodale brand name, Soya Splits, a high protein "natural" food prepared from soya beans. They contain 45g protein per 100g, are low in saturated fat but high in unsaturated fatty acids, contain no chemical additives and are sea salted (100g packet, £0.22). They come in display outers of five packs.

Also being launched under the Natrodale brand name is a "budget range" of natural vitamin supplements, retailing for £0.97—vitamin E 100iu (50 capsules), lecithin 200mg (120 capsules), halibut liver oil 2,500iu natural vitamin A, 250iu vitamin D (225 capsules), kelp (350 capsules) and Natro C vitamin C 250mg (75 tablets).

Advertising will appear in health food magazines during December and January and leaflets and a merchandising unit are also available (J. I. Rodale & Co Ltd, Potten End, Berkhamsted, Herts).

## Gardening

### Three Gesal additions

CIBA-Geigy are launching under the Gesal brand a specialist range with two products designed to appeal to the keen gardener. The first is Weedex mini-granules (250g, £0.50), based on simazine, to stop weeds forming in places such as drive, path and lawn edges, between vegetable plots, and on paving. The granules are applied by sprinkling (eliminating the need to mix with water) and, being insoluble, are said to remain fixed in the ground for up to a year, killing off all germinating weeds. The product may be applied at any time of the year, but is most effective if used before weeds start growing in the spring.

The second product is calomel dust (85g, £0.50) for controlling club root fungus in brassicas and certain diseases in lawn grasses. Both packs have a special top giving the user three modes of application and shelf life is improved by an aluminium lining.

Also added to the Gesal range are anti-slug pellets (£0.45) containing metaldehyde



and bait. They are coloured blue and contain a bitter ingredient to prevent them being attractive to birds and domestic animals. The 200-g carton will treat 200 square yards and for convenient storage, the pellets are contained within a resealable polythene bag (CIBA-Geigy (UK) Ltd, Simonsway, Manchester M22 5LB).

# on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Islands

**Askit powders:** Sc, G

**Atrix:** All areas

**Braun Quick Curl and HLD50 hairstyling set:** All areas

**Braun Synchron plus shaver:** All areas

**Cachet:** Ln, M, Y, Sc, WW, NE, A, We, B, G

**Casablanca:** All except CI

**Censored:** All except CI, U

**Close-Up:** All except Ln, So

**Denim:** M

**Grecian 2000:** All except U, E

**Hai Karate:** All except CI

**Harmony hairspray:** All areas

**Kodak cameras:** All areas

**Odor-Eaters:** All except WW, NE, U, E

**Old Spice:** All areas

**Philishave:** All except E

**Philips Home Trim:** M, Lc, Y, NE

**Polaroid Colour Swinger and Super Swinger:** All areas

**Remington shavers:** All areas

**Seven Seas range:** Sc

**Signal:** All areas

**Sparklets:** All areas

**Sparklets beertaps:** Lc

**Sunsilk hairspray:** All areas

**Three Wishes soap:** All areas

**Wind Song:** Ln, M, Y, Sc, So, NE, G



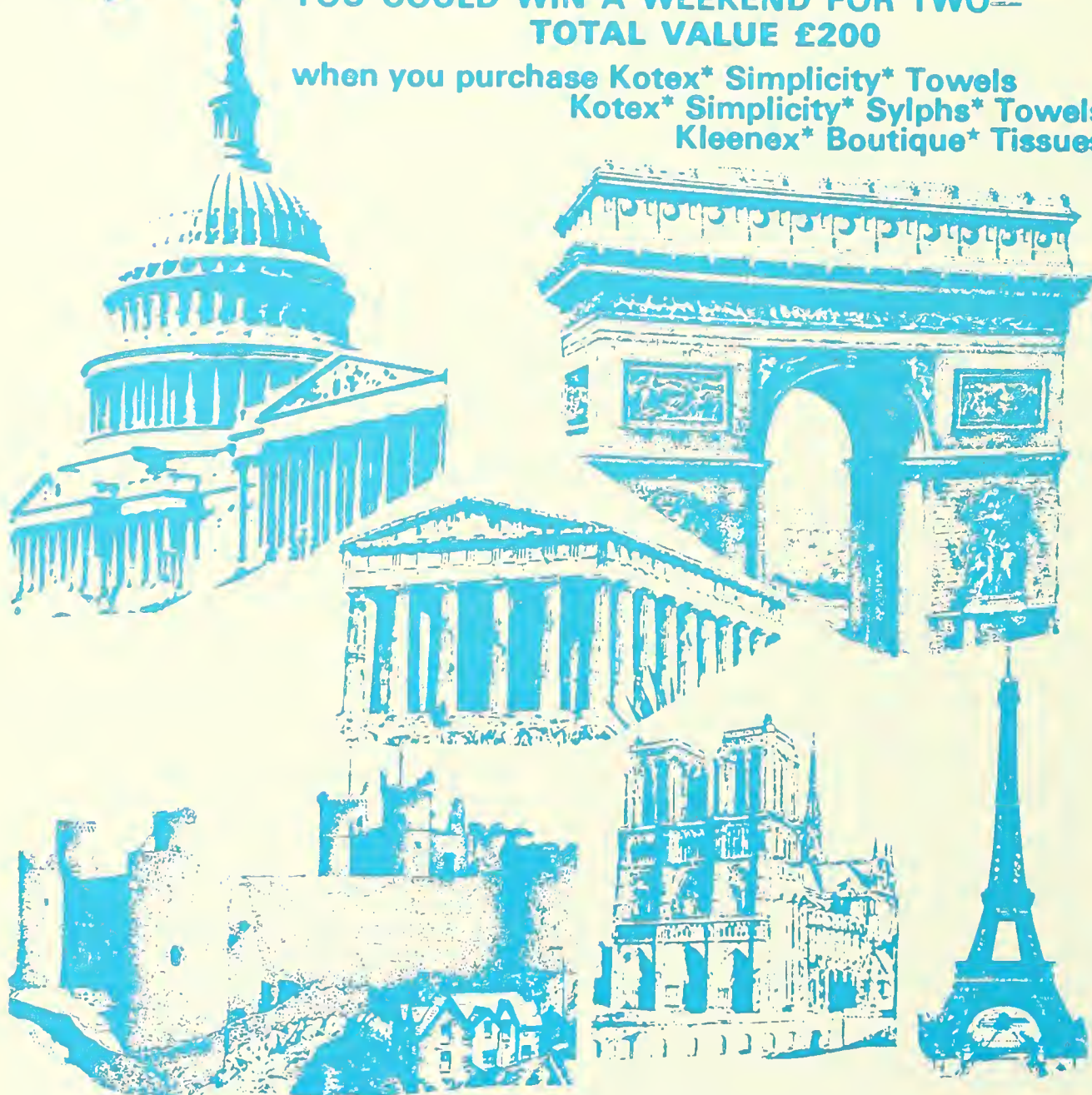
# SANGERS LTD.



## A CAPITAL WEEKEND

YOU COULD WIN A WEEKEND FOR TWO—  
TOTAL VALUE £200

when you purchase Kotex\* Simplicity\* Towels  
Kotex\* Simplicity\* Sylphs\* Towels  
Kleenex\* Boutique\* Tissues



- \* EASY TO ENTER COMPETITION \* OVER £400 IN PRIZES TO BE WON \*
- \* EXTRA SPECIAL BONUS ON BOUTIQUE, SIMPLICITY & SIMPLICITY SYLPHS \*
- \* FOR FULL DETAILS CONTACT YOUR LOCAL SANGERS BRANCH OR REPRESENTATIVE \*

★ Trademark Kimberly-Clark Corp.



# Trade News

## Duvet offer

A money-saving, on-pack offer is being introduced by Corona Soft Drinks, Beecham House, Brentford, Middlesex, for C-Vit blackcurrant drink. The promotion, which lasts until the end of March 1976, offers a saving of up to £10 on the price of an Aeonics continental quilt and cover-slip (single £16.70; double £21.60), in return for two tokens from the promotional packs of C-Vit.

The Aeonics duvets have a 25-year guarantee, are made of Terylene P3 and are washable and hardwearing. The cover-slip comes in a choice of three designs.

Beginning January and lasting three months is a poster campaign for C-Vit. £40,000 is being spent on sites in the London, Southern and Wales and West television areas, plus the equivalent of £100,000 on posters for the C-Vit vans. The posters are aimed at increasing consumer brand awareness in the south—sales of C-Vit are greater in the north, say Corona.

## Change to strip pack

Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton, Sussex, say their junior soluble aspirin tablets are now available strip packaged and reformulated to meet new requirements for such products; the new packs (£0.13) each contain 24 tablets. The pack of 50 tablets has been withdrawn.

## Distribution change

From January 1, 1976 the distribution of the Ravine range of Miss Muffet hair decorations in the UK and Eire will be carried out by Ashc Laboratories Ltd, Kingston Road, Leatherhead, Surrey, under a new brand name—Maws Miss Muffet. The adult range of hair decorations will be distributed through wholesale outlets.

## Diabetic chocolate advertised

Wander Pharmaceuticals division of Sandoz Products Ltd, PO Horsforth Box 4, Calverley Lane, Horsforth, Leeds LS18 4RP, are promoting Wander diabetic chocolate range during the pre-Christmas period. A series of advertisements will be appearing on the home page of the *Daily Telegraph*, and the gift section of the *Sunday Times* and *Sunday Mirror*. The advertisements are aimed to encourage readers to buy the chocolate as an inexpensive Christmas gift for a diabetic friend or relative.

## Polaroid Christmas dealer packs

A series of lower priced accessory and flash packs have been produced by Polaroid (UK) Ltd, Ashley Road, St Albans, Herts, to help dealers "cash in" on the company's Christmas advertising campaign which starts next week. Details of that campaign, which Polaroid claim is the biggest in British photographic history, were announced earlier (October 11, p502).

There are three flash packs, five accessory packs, and one "holiday" pack for the SX-70 system. The flash packs comprise: pack A, 120 flashcubes and 400 AG3 flashbulbs (£30 trade); B, 24 SX-70 flash-bars (£17.52); C, 180 M3 flashbulbs (£12.60). The accessory packs are as follows: 10 Polaroid No 233 photo albums (£10); 10 model 380 cases for Swinger and Color-pack cameras (£12.30); 10 "stick-in" picture development timers (£13.05) also 10 of the strap-hanging type (£13.05); and eight separate accessories for the 300-series folding pack cameras including case, flashgun, album, tripod adaptor, self timer, cable release, close-up and portrait kits (£24.78). The SX-70 holiday pack comprises two films and one flashbar; dealers can order these packs in cartons of 32 (£176.32).

## Cellucon preparations

Medo-Chemicals Ltd, 144 Fortress Road, London NW5 2JL, point out that their Cellucon preparations (last week, p694) contain methylcellulose 2500 ie methylcellulose of a particularly high viscosity.

## Label printing service

A comprehensive, high calibre label printing service, is being offered by Ormerods Ltd, Hanging Road, Rochdale OL12 6SA.

The company place particular emphasis on the printing of reeled self-adhesive for the cosmetic and pharmaceutical industries, and labels can be varnished, hot foil stamped, die-cut or butt-cut. Complete origination facilities from an initial design, are also available. Possessing a range of single and multi-colour printing units, Ormerods say they specialise in the clarity of printed text and "good solid printing" on labels, while the company's own transport can deliver nationwide.

## Blisteze repackaged

Blisteze from DDD Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ, has been repackaged to give an "attractive cosmetic appearance". It comes in an easy to carry, small tube.

## Dynamo booklet offer

Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex, have launched a national on-pack consumer promotion on Dynamo. The promotion offers free by mail a copy of Ipswich Town manager, Bobby Robson's "Fitness for football" booklet, with every two promotional neck labels. The booklet contains 20 pages of analysis, exercises and diagrams for mobility, strength and endurance and was produced in association with and sponsored by Dynamo.

## Unicliffe spend £1m

Unicliffe Ltd, Unimart House, Stonar, Nr Sandwich, Kent, are spending £1m this Christmas promoting their aftershaves—Casablanca, Hai Karate and Censored. Television campaigns for all three brands began this month and will run to the week before Christmas. Hai Karate will be seen on all stations except Channel; Censored on all stations except Channel and Ulster; Casablanca on all stations except Channel.

## Second advertising phase

The second phase of Sperry Remington Consumer Products, Apex Tower, 7 High Street, New Malden, Surrey KT3 4DL, television campaign for the Radial shaver begins November 24 and lasts until mid-



*The latest bubble bath from André Philippe Ltd, 71 Gowan Avenue, London SW6 6RJ, is Creme Royale bubble bath (£0.40) presented in this elegant frosted bottle. It comes in one-dozen lots in a showbox counter display unit*

December. The 30-second commercial will be seen in all ITV regions and again features the "dissolving man" who "dissolves" to show different "looks".

## Andrex on television

Bowater-Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1X 7LR, have launched the second stage of a £170,000 television campaign for Andrex toilet tissue. The campaign will be shown in all ITV regions, excluding Stags where a campaign for new flower patterned Andrex was recently screened. Over 150 spots will be shown during the campaign which lasts until December 7, and features the "puppy" and "baby army" commercials. Andrex, say Bowater-Scott, is brand leader of the toilet tissue market with one-third of the market.

## A capital weekend

Over £400 in prizes is to be won in a trade competition being run by Sanger Ltd, Cinema House, 225 Oxford Street, London W1R 1AE, linked to Kimberly-Clark Ltd products. The competition offers a weekend for two in a European capital city. Entry is by purchasing Kotex Simplicity, Kotex Simplicity Sylphs, Kleenex Boutique which also carry bonus terms.

□ The following products are included in the December Apocaire promotion: Andrews Liver salts; Atlas Magicubes; Brut 33 bath foam; Curity Snugglers; Macleans toothpaste; Midas foam bath; Wella Color Confidence.

## Unichem December promotion

Unichem Ltd, Crown House, Morden, Surrey, are promoting the following products until December 24: Alka-Seltzer; Brut 33 Splash-on lotion; Brylcreem tub; Buttercup syrup and linctus; Dinnefords gripe mixture; Fashion Style; Fastidia mini pads; Foamy; Galloways cough syrup; Gold Spot aerosol; Harmony hair-spray; Kotex; Lantigen B; Lilia; Maw's Simpla tablets; Radox liquid; Radox Showerfresh; Saxin tablets; Signal; Sun-silk shampoo; Super Matey; Wella Color Confidence.





POLAROID



# *The beautiful eyes of Polaroid.*

## *Beauty will be our story next year.*

We went to 4 continents to find the dramatic styles that went into the 1976 Polaroid Sunglass collection. And from top designers around the world, we chose shapes, colours, textures—over 100 in all—for every taste and every price.

Squares, ovals, rounds, high fashion originals, the 'beautiful eyes of Polaroid' give you every trend that fashion takes. And your customers will find them in the latest Polaroid display, because the newest styles from Polaroid attract attention just by being in your shop.

## *Quality is our story every year.*

Polaroid introduced the 7-layer sunglass lens many years ago. This construction is the only way that our sunglasses can provide all of the qualities we believe your customers should get.

Two cushioning layers for shatter resistance.

Two special coating layers for scratch resistance.

Plus two layers that intercept up to 96% of ultra-violet rays.

And one more layer that acts as a polarizing filter that can eliminate up to 99% of reflected glare.

Polaroid lenses are also curved to match the viewing field of the human eye to minimize distortion, giving clearer vision and greater eye comfort.

Quality is very important to us.

We know that sunglasses won't sell on their looks alone.

## *And killing glare is still behind every story.*

The polarizing sunglass lens was developed by Polaroid.

Conventional sunglasses merely use dark colours to offset the glare that bounces into your eyes off surfaces like sand and water. But this only darkens

the glare. It is still difficult to see.

Polaroid sunglasses' polarizing filter can eliminate up to 99% of reflective glare. So the most beautiful part of the 'beautiful eyes of Polaroid' is the ability to see.

## *You'll see us everywhere you look.*

Turn on your television set. You'll find 'The beautiful eyes of Polaroid'.

Open most of the major magazines. We'll be there.

Beautiful girls, handsome men, your customers will be seeing them through the summer in our beautiful ads next year. And one of the world's top fashion photographers provided every picture in our full-colour magazine campaign.

And there's a whole new merchandising programme too—new display stands, outstanding point of sale materials, posters, and exciting promotions.

## *Your distributor has the new pre-pack story.*

Contact your distributor for details of our new display stands. They come to you ready-loaded and pre-priced (excluding the Republic of Ireland), with a representative selection of our 1976 collection. That means they take the trouble out of ordering—and the time out of merchandising. What's more, each 50 unit pack comes with a free pair of Multi-Filter Sunglasses—worth at least £12.00 at retail.

It's all on the way, and all with just one thought in mind. To see hundreds of beautiful customers coming out of your shop next summer with 'The beautiful eyes of Polaroid'.

***Polaroid Sunglasses***  
*Nobody knows the sun better than Polaroid.*



# Camouflage makeup

No statistics are easily available on the number of people who suffer skin disfigurements. However, the increasing incidence of accidents, together with lengthening waiting lists for plastic surgery, indicate that a considerable number have a problem in this area. These disfigurements may have a more pronounced psychological rather than physical effect on the person, leading to over-aggressive tendencies in some, or a lack of confidence, a lack of interest in appearance in general, in work or in meeting people. In most cases it is possible to conceal skin blemishes by experimenting with ordinary or specialised makeup. But for most people the prospect of choosing which products to use can be formidable and it is at this stage that they seek the pharmacist's advice.

Skin disfigurements may be divided into two groups: congenital, such as birthmarks, large moles; and those resulting from accident or disease, such as the skin graft, burn tissue, stitch marks, pigmentation marks. Three companies have shown an interest in the problems of skin disfigurements. They are Stiefel Laboratories, Innox Ltd, and Max Factor Ltd.

## Covermark range

Covermark, by Stiefel Laboratories, is a range of camouflage cosmetics which masks and conceals skin disfigurements. It is formulated to be non-allergenic, non-irritant and resistant to water and abrasion. The products contain titanium dioxide and therefore have sunscreening properties.

The range includes masking creams in 10 shades; cream rouge, to restore the natural colouring of the cheeks, in three shades; shading cream, to restore the natural shadows or contours of the face; grey toner that is particularly useful for

men to restore the greyish tone of the beard; and finishing powder. There is also Spotstick, recommended for temporary or small blemishes.

## Drug classification

Covermark is classified as a drug "when prescribed for concealment of birth marks, post-operative scars and other deformities and as adjunctive therapy in the relief of emotional disturbances due to mutilating skin disease," and therefore may be prescribed.

Although the preparations are prescribable on FP10 forms, Stiefel Laboratories stress the need for instruction on how to apply them. They have roughly 130 trained beauty therapists throughout the UK who work from private salons or their homes. Most consultations cost about £2.00 during which the patient is shown how to blend and match the different creams to cover his blemish. By the end of the consultation the patient should be able to disguise adequately the disfigurement and there is no need for further consultations.

Although the beauty therapist may have a supply of Covermark to sell, Stiefel say their consultants will instruct patients to go to their doctor to get further supplies on an NHS prescription. If, however, the patients do not qualify for Covermark on prescription the consultant will tell them to get their supply from the local chemist. Stiefel tell their consultants to "call in on" their local chemist to make themselves known to the pharmacist so that he will know his local therapist to whom to recommend his customers.

Stiefel do not recommend that pharmacists hold a stock of Covermark because they feel customers would then be tempted to buy a jar—in the way they may a

foundation cream—without consultation, and thus not achieve the full benefits from the cream. Instead, orders against a prescription or after a consultation should be sent direct to Stiefel who will send the products to the chemist, the whole process taking less than a week.

Although a consultant service is not yet widely available within the NHS, an increasing number of dermatology and plastic surgery units include a camouflage clinic. Stiefel themselves are promoting camouflage techniques to the medical profession by giving demonstrations in hospitals and at postgraduate meetings.

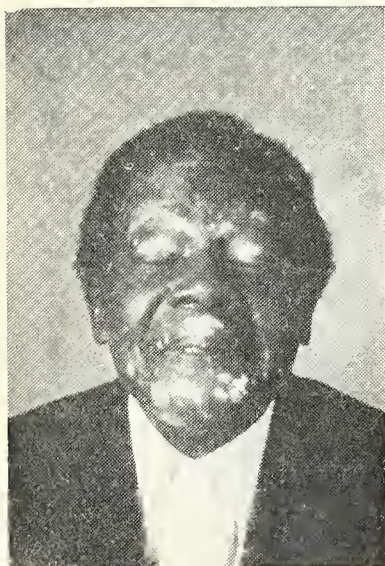
## Growing interest

Stiefel say there is a growing interest in camouflage makeup. Recent editorial coverage of the service they offer in women's magazines produced "thousands of inquiries". They get letters from all age groups—both men and women.

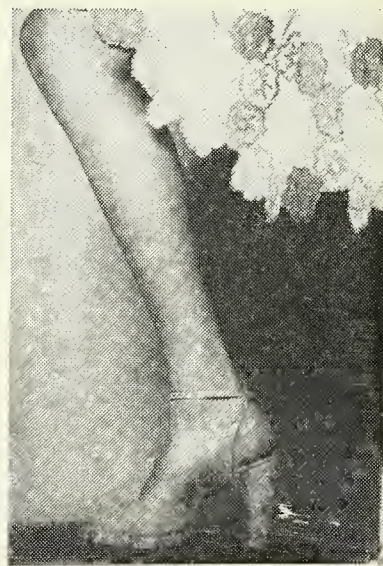
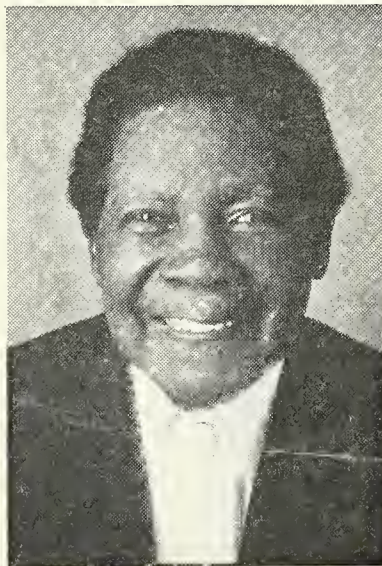
Another company that has shown interest in this field is Innox with their Keromask products. Keromask is a collection of covering creams—eight shades in all—that are blended together and will cover most blemishes. This, too, is prescribable in certain cases on FP10 prescriptions.

The cream is applied with the fingertips until no hard edges are visible. If the blemish is on the face, a normal tinted foundation is applied to the rest of the face before the Keromask toning cream is applied, so that the Keromask used tones in with the foundation and not the normal skin colouring.

Innox suggest a fine translucent powder to "fix" the makeup which, they say, should last all day without any need for retouching. To achieve a natural look the finished area may be patted with a



Covermark is used here to camouflage the depigmented areas that were the result of vitiligo



Innox use no 1 brown Keromask cream to mask a dark brown birthmark, then no 2 white Keromask as a toner to lighten



cold compress to take away any powdered look that may occur.

All the Keromask creams are unperfumed and are suitable for use on any area of the body and on any colour of skin—European, African, Indian, Chinese. But because Innox, like Stiefel, feel that the success of their product depends on the selection of the correct shades for each individual skin, they regard it to be essential that in the first instance the technique of application should be demonstrated by a trained Keromask operator.

Keromask consultants are situated in London at the Innox Bond Street salon, and throughout the country. Anyone interested in the Keromask technique should write to Keromask at Innox House, London N1, for the name and address of their nearest operator. Once the demonstration has been carried out the patient is advised to obtain the products either on prescription or from the chemist.

Eve Gardiner, beauty consultant at Max Factor, has had great experience in camouflaging disfigurements, and she is well aware of the psychological effects these disfigurements may have. Her approach is to use everyday makeup. This she says, gives a person a psychological "boost" in confidence in that their makeup is the same as everyone else's.

Max Factor believe in toning down rather than completely concealing disfigurements in cases where complete concealment would cause any discomfort or self-consciousness. They regard themselves as having "pioneered" this field of makeup.

In the UK, for example, Eve Gardiner, the company's first English beauty consultant, was taught the art of concealment by the Americans in the 1930's. During World War II the Bond Street salon was only open for war victims and Eve Gardiner worked in close association with two renowned plastic surgeons, Sir Harold Giles and Sir Archibald McIndoe.

## Success

Eve attributes Max Factor's success to the "unique qualities" of Pan-Cake, and more recently, Pan-Stik. Pan-Cake goes on smoothly yet can be built up on the area needing concealment. This, she says, is not possible with a liquid makeup, due to the method of application. Liquid makeups have to be smoothed over the area until a thin film is formed making it much more difficult to "build up" over the blemish. She gives the following advice for dealing with the more common skin blemishes.

## Birthmarks

When dealing with men or boys Eve uses Pan-Cake since it is non-greasy and therefore more acceptable to men. A film of Pan-Cake is usually sufficient to tone down a birthmark and to take the purple tone out of the mark. Eve usually recommends Tan 1 but if this does not blend in with the overall colouring, other shades should be tested.

A light overall application is recommended, applied with a wet sponge, with a heavier application over the mark. This keeps the skin texture more uniform, giving a greater degree of naturalness.

For girls or women, Pan-Stik is recommended as this is a light makeup, long-



A "strawberry" birthmark is covered by Max Factor by using Pan-Stik which is built up over the mark and blended in, over the whole facial area



lasting and waterproof. Pan-Stik should be applied over a wide area—the whole face if the mark is facial—and then, using a patting, stippling action, the makeup should be built up over the required area until a satisfactory result is obtained. This may be done with the fingertips or a moistened sponge. Max Factor find neutral tones like nouveau beige or true beige particularly suitable as they add no red tone to the already red mark.

For small areas, such as moles, Eve recommends Erace. Where a birthmark extends over other areas of the skin such as the neck where contact with clothes may occur, Pan-Cake is recommended because it has a dry finish. The facial makeup should be powdered lightly with translucent face powder and brushed for smoothness.

## The skin graft

Grafted skin is usually paler and yellower than the surrounding normal skin and therefore it is necessary to add a pinker tone to the grafted skin before applying general makeup. Eve suggests a small amount of amber coral creme rouge to be worked into the skin first. Then Pan-Cake, Pan-Stik or Sheer Genius should be applied—whichever is the most suitable match for the person's skin. If the edges of the graft are red and ridgy, Erace may be more suitable. The makeup should then be "fixed" by a light powder.

## Burn tissue

This papery skin, often white with brown patches can be made-up in the same way as the skin graft, but it is usually best to use Pan-Stik or a mixture of Pan-Stik and Sheer Genius, as the richer, creamier texture gives a softer finish.

## Cuts and indentations

Healed, deep-cut scars left from deep injuries can often appear as dark lines or shadows on the skin, sometimes red or sometimes white, as in the case of old stitch marks. When the mark appears dark it has to be highlighted with a light tone of Pan-Stik or Erace painted into the cleft with a fine brush. It is important here that the highlight should be confined to the actual scar and not to the area of skin on either side as this will have a neutralising effect. The scar should then be dusted with powder over which can be

applied the normal makeup.

If the scar is raised the object is to shade it using a slightly darker shade of Pan-Stik or Erace than is used for general makeup. If radium marks are red the same technique as for a birthmark should be followed.

## Pigmentation

This is more difficult to conceal as there is often a sharp contrast between white skin lacking pigment and other over-pigmented patches. A dark shade of Pan-Stik may be worked over the white patches building up the colour until it matches as near as possible the surrounding skin. The reverse can be done by lightening the dark patches.

## Veins

A light application of Erace under the normal makeup helps to disguise broken capillaries on the face. For legs, Pan-Stik or Erace—if the area is not very large—should be patted onto the vein in a shade nearest to the skin colour; then dusted over with talcum powder. With a sponge, Pan-Cake should be applied over a wide area in the required shade. Pan-Cake is waterproof and so should not streak when swimming and should remain intact so long as the legs are not rubbed briskly with a towel.

When dealing with any of these disfigurements Eve recommends that the person should experiment to find the technique that is right for them. Above all, the makeup should be applied sparingly, gradually building up over the required area and blending in at the edges so that no hard lines are formed. The makeup should never become too thick as this will become "just another burden to be faced each day."

Eve carries on a postal advisory service. Any customer who would like his or her blemish analysed plus advice on which makeup to use, might be recommended to apply to Max Factor for a beauty routine which is supplied free of charge.

Thus, there is very little need for anyone to suffer the psychological discomfort of skin disfigurement. There is so much practical advice available and, with a period of experimentation, most sufferers should be able to cover quite successfully their skin blemishes and to lead a normal and happier life.





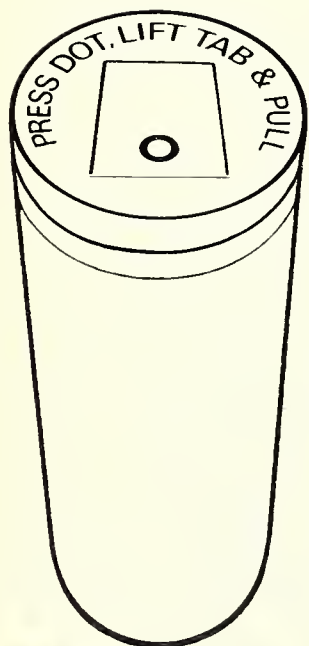
# You can't depend on warnings to keep tablets out of the hands of children.

Small children can't read and often don't heed warnings. The most effective protection is to build safety into the pack itself.

Poplok does it simply. This ingenious closure is baffling to children yet easy for adults to open.

Poplok meets the requirements of BS 1679 for dispensing containers and exceeds the USA Food & Drugs Administration Protocol for child resistance.

For further details, manufacturers should write to Metal Box, wholesalers to Beatson Clark, and retail chemists should contact their wholesalers.



## Poplok



### Metal Box

Plastics Group, Metal Box Limited,  
Queens House, Forbury Road, Reading RG1 3JH.  
Tel: 0734 581177 Telex: 847437.



### Beatson Clark

Beatson, Clark & Company Limited,  
23 Moorgate Road, Rotherham, South Yorkshire S60 2AA.  
Tel: 0709 79141 Telex: 54329.



Socialist Medical Association pharmacy group

# Socialist views on the future of pharmacy

Pharmacy is progressively becoming a salaried profession, yet most of its organisations are opposed to its being a nationally salaried service, the opposition coming from the vested interests of non-pharmaceutical capital. Putting that view to a meeting of the Socialist Medical Association's pharmacy group at the House of Commons last week, the group's chairman, Mr R. Burke-Jones, contended that half of the four out of ten general practice pharmacists who were self-employed would conditionally accept nationalisation now.

The interests opposed to nationalisation were out for profit—from the government, the public and the profession. There was no shortage of "commercial cuties", for the administration of these firms, but where did they find their pharmaceutically qualified employees? Mr Burke-Jones said it was from the newly-qualified, who required £45 a week to complete their postgraduate training (a sum beyond the means of most private chemists, but not the multiples) and from ex-proprietors whose shops had failed and closed.

The NHS contract is weighted against the small professional man, said the speaker. "The future which we face is of increasing conquests of pharmacy by non-pharmaceutical capital. The result of this will be pharmaceutical service everywhere it is profitable and nowhere else." And referring to Mrs Castle's views of pharmacist-doctor co-operation when both were under the same roof, Mr Burke-Jones asked: "How much less will it be when only salaried company managers exist, and only in High Street sites full of store-type merchandise? Who will have time to bother with the GP and his patient?"

The SMA pharmacy group, Mr Burke-Jones told the meeting, would soon publish a discussion pamphlet on health centres which he hoped would deal with pharmacists' fears of bankruptcy and redundancy—fears stirred up by opponents of planned pharmaceutical redeployment. He listed "guaranteed redeployment, safeguarding the jobs, career and promotion prospects of all health workers, giving at the time flexible hours, a chance to specialise and a better service to the public."

## Single health union?

A single trade union to represent health workers and a fully-salaried pharmaceutical service were among the objectives for which the SMA should aim, claimed Dr David Stark Murray, a past-president of the organisation. Doctors should be included in the union, he maintained, and a single salary scale negotiated with a ratio of incomes between the different groups—to have a review board discussing the salaries of doctors without reference to those of other health workers was an anachronism.

Seeing this as a step towards unity among the professions, Dr Stark Murray also advocated a method by which workers could "move about" in the health care system. Experienced pharmacists, technicians, nurses, etc, who began to know "what health care is about" should be able to say they now wished to be doctors—and training places should be reserved for them to do so.

The pharmacist must not work in isolation. The tragedy was that he had become part of the operation in which sickness was exploited for profit, but ultimately the British people would decide that could not continue. "Above all, in the making of medicines that may be life-saving no-one should make a profit anywhere," Dr Stark Murray hoped that the result of the current pay-beds dispute would be that doctors would become salaried officers in the whole-time Health Service—and the same should go for pharmacy.

Attacking the pharmaceutical industry, the speaker said it had flooded the world with chemical substances but had never produced a single drug that the world was really waiting for—except by following up other men's ideas. Pharmacists should be free to use the drugs they knew to be beneficial; there should be no barrier between them, the doctor and the patient, and in relationships with the patient there must be no consideration of cost, ability to pay, or fee. It meant that the private practice of pharmacy must cease.

Dr Stark Murray, while accepting that health centre medical practice would become the rule, still condemned the lack of integration with the hospital service. There should be no separation between the

staffs, he maintained, adding that pharmacists could play a large part in welding the two together in areas such as purchasing and dispensing. The speaker looked forward to a rationalised, nationalised pharmaceutical industry which would be more economic and get down to research problems in a way private industry was incapable. Coincidentally, that required pharmacists to be members of the health team, freed from trying to combine a learned profession with salesmanship of things in which they were not interested except from the point of view of profit. When the goal was reached, there would be a more reasonable range of drugs which were likely to do their job and be freer from dangers.

## Single union disputed—by ASTMS

During discussion of the two papers (there should have been a third from the Minister for Health, Dr David Owen, but he was unable to attend), Mr J. Mercer, divisional officer of ASTMS responsible for hospital pharmacists, challenged the concept of one union for all health workers. "It flies in the face of our development as an organisation," he said, adding that it was neither possible nor desirable. The SMA aim should be for all health workers to be "unionised" and not be members of exclusive professional bodies. The solution to pharmacists' desire to practise as a profession was for the provision of salaried pharmaceutical care as and when it was needed, rather than as a contractual service.

Mr Burke-Jones replied that traditional pharmacies would be required for a long time, but with moves for the development of "mini-doctors" and prescribing by nurses and social workers, the pharmacist would be left in small drug stores selling hot-water bottles and hairsprays if he did not go into health centres. Mr J. P. Kerr, a member of the Pharmaceutical Society's Council, argued that concentration of too many medical resources in one building was "not doing the community a favour." It was necessary to maintain outlets to dispense domiciliary prescriptions. The chairman, Dr Maurice Miller, MP, replied that the benefits of health centres outweighed the drawbacks.

## BPC supplement 1976 has new eye-drops monograph

The 1976 Supplement to the British Pharmaceutical Codex 1973, to be published next month and coming into effect on June 1, 1976 (The Pharmaceutical Press, 17 Bloomsbury Square, London WC1; £4) contains new recommendations on the use of eye preparations. Single-dose forms will be required in hospitals and eye clinics whenever the dangers of infection are high.

Storage of eye preparations with a silicone rubber teat closure should be limited to three months, as silicone rubber is slightly permeable to water vapour. The dropper should be supplied separately wrapped and sterilised if the drops have to be kept for more than this time before use. Eye preparations for use in hospitals should bear the words "sterile until opened", the date of issue and expiry date as well as information about the active ingredient and anti-microbial used.

Alkaline mixtures containing belladonna

will have to be freshly prepared and the formula of magnesium trisilicate and belladonna mixture has been amended to make extemporaneous preparation simpler.

As tragacanth is liable to microbial contamination and may be difficult to obtain, new formulas for paediatric mixtures of succinyl sulphathiazole and of sulphadimidine have been added which do not contain tragacanth. These mixtures are suitable for extemporaneous preparation. The strength of the morphine salt in suppositories must now be stated by the prescriber, this amendment being a result of recent legislation.

The Supplement gives information on 31 medicinal substances and four pharmaceutical adjuvants added to the British Pharmacopoeia by the Addendum 1975. After 1978 official standards for medicines will no longer be given in the BPC but only in the BP.



# 'Little value' in ingredient labelling of cosmetics

Ingredient labelling of cosmetics would be of little value to the consumer except possibly as reading matter for the more interested person, Dr Eric Spicer, senior medical officer, Department of Health, told the Society of Cosmetic Chemists last week.

Speaking at a symposium on the packaging of cosmetics and toiletries, he said a much more practical solution would be for doctors treating allergic reactions to have easy access, in confidence, to the formulas of those products causing problems. The labelling of potential sensitizers could be a useful compromise but needed careful thought and consumer education, he added, stressing that these were his own personal views and not those of the Department.

Dr Spicer dismissed claims that full ingredient labelling enabled consumers to assess value for money—such an assessment was only possible when the nature, function and optimum level of use of an ingredient was fully understood, information which was known only to the company. Even manufacturers themselves had been unable to discover why a competitor's almost identical product had a better consumer acceptability. Many cosmetics were bought for their psychological effects and in practice consumers would probably continue to buy the products they preferred at the prices they could afford, regardless of what was on the label.

## Cosmetics 'low on allergy list'

Another claim was that ingredient labelling would enable people who were allergic to certain ingredients to avoid products containing them, but Dr Spicer believed that long lists of names would just be confusing and hence counterproductive to safeguarding health. Cosmetics were, in fact, low on the list of substances causing allergy. Hair dyes presented the greatest problem but even here the true incidence of sensitisation was small. Perfumes were the next major group producing allergic reactions yet it had been generally agreed that it was not practical to name some 10 to 40 ingredients plus other additives on a perfume label. And problems of commercial confidentiality appeared to be greater in the perfume industry than elsewhere.

Another problem was that frequently one ingredient could be called by several different names, so a standard system of nomenclature would have to be adopted.

Main ingredient labelling as opposed to full ingredient labelling, did have its uses, Dr Spicer suggested, particularly when a product's claim depended on a single ingredient. Names of main ingredients were already given on medicated shampoos, for example, and such a system could apply to borderline medical/cosmetic products.

On the other hand, deciding which ingre-

dients should be labelled could be difficult. How many allergic reactions would have to occur before the substance was labelled and how could the true incidence of reactions be determined? Many so-called sensitizers mentioned in the dermatological literature had produced only a few cases of allergy and the patients concerned may not have been typical of the population in general.

The incidence of reactions would also depend on the usage, with products having a dominant market share showing a high incidence. Finally, the amount of the ingredient and the presence of other compounds could also influence its sensitising potential, resulting in the same ingredient being acceptable in one product but not in another.

## Concern over vinyl chloride

There has been much concern recently about vinyl chloride which remains in trace amounts in pvc containers and which is carcinogenic when inhaled in fairly large concentrations. Preliminary work in rats has shown similar effects when the compound is ingested at levels more than a million times greater than the levels in human diets.

Dr D. A. Tester, ICI Ltd, plastics division, Welwyn Garden City, Herts, felt that the UK Government was taking a balanced, responsible attitude to the problem and an expert committee had been set up within the EEC to decide whether any legislation was necessary to control the amounts of vinyl chloride in packaging. But the US Food and Drug Administration was proposing to ban the use of rigid pvc containers for food packaging, ignoring the enormous progress being made by the plastics industry in reducing the amounts of vinyl chloride in such containers. Dr Tester predicted that these amounts would eventually become so low as to escape detection by the most sophisticated techniques.

But even in the US, this proposed ban only applied to the packaging of foods, not toiletries. Dr Tester felt it was both desirable and possible to set the same standards for the packaging of toiletries as for the packaging of food and drink.

## Pollution problems

Professor Gerald Scott, professor of chemistry, University of Aston in Birmingham, described the progress being made towards overcoming the pollution nuisance of plastics. One of the main advantages of plastics was their impermeability to water but this property became a disadvantage when it enabled such containers to resist biodegradation. Plastics could be made more hydrophilic by adding ultra-violet unstable antioxidants which encouraged the breakdown of the material when

exposed to light for long periods. This degradation only occurred when the package had outlived its useful life and was discarded, and such materials could still be recycled.

Professor Scott advised the packaging industry to take notice of these possibilities before governments stepped in with punitive anti-pollution legislation which was becoming more and more likely as a result of social pressures.

Glass holds great promise as the packaging material of the future, believed Mr David Osborne, product development manager, Rockware Glass Ltd. By 1980, estimated raw material costs of aluminium, plastics, board and tinplate packaging would all be far higher than those of glass. The raw materials used in glass manufacture—sand, soda ash and limestone—were all available in the UK and the energy consumed in the process was much less than for other packaging materials. Transfer to natural gas had made the industry more independent of fuel imports.

The main disadvantage of glass was that it breaks, but Mr Osborne predicted that within the next decade its strength would be improved considerably.

## Approach of metal packaging industry

Mr Robert Abbott, marketing manager, Metal Box Co Ltd, said the metal packaging industry was moving from a position of defence to one of offence by taking more notice of market trends. In the early 1970s sales of talcum powder, particularly in tins, were hit by the increasing popularity of other deodorants and of plastic containers. As most talc containers were still the original oval shape introduced in 1908, the company felt it should have been more innovative in a market which demanded a high degree of innovation.

Market research showed consumers preferred circular packs better than any other shape, on the grounds of convenience and appearance. So the company decided to introduce new ranges of cylindrical packs for talc and their success had arrested the "headlong flight out of metal into other materials."

Whereas metal packaging had previously been used mainly for talc and aerosols, the company has now developed Delphic, a new range of aluminium containers suitable for liquids such as Colognes, aftershaves, etc, and aimed for the expanding male toiletries market.

## 'Aesthetically-repellent junk'

Mrs Merryl Cook, senior lecturer in graphic design, Manchester Polytechnic, criticised the cosmetics industry for not taking notice of social trends when designing suitable packaging. Women no longer left all their make-up on the dressing-table at home but carried it to work with them and manufacturers were not supplying packs sturdy enough to cope. She said lipstick cases cracked, labels came off and hinges broke within a few days' use. The result was not that the industry sold more cosmetics but that women patched up the containers and carried round bags of "aesthetically-repellent junk."

During the discussion, Dr T. J. Elliott, Beecham Products, pointed out that if only women would return such goods with "nasty letters" to the manufacturers the quality of containers would be improved.



# Letters

## NHS payments and inflation

On November 11 we received Form FP34 (Part B) in respect of one of our two pharmacies, relating to prescriptions dispensed in July 1975. The last statement received in respect of the other pharmacy was for June 1975 and that was received on October 16. I know that contractors in general consider that the delay is unreasonable. The aggravation is made worse by the present inflationary situation.

We receive statements from two areas and the statements which are sent with NHS cheques are worded in similar terms, for example:

1. "The enclosed cheque represents a 100 per cent special advance payment calculated on (a) The number of prescriptions dispensed in September 1975 and submitted for pricing in October 1975 and (b) The last known monthly average cost per prescription for the contractor concerned."

2. "I enclose herewith a cheque in respect of a 100 per cent special advance payment calculated by reference to (i) the number of prescriptions dispensed in September 1975 and submitted for pricing in October and (ii) your last known monthly average cost per prescription."

These statements are obviously made in good faith and are probably based on averages throughout the areas concerned. However, I have noticed that the payments do not in fact represent 100 per cent of what is termed "special advance payment". (I prefer to call this "delayed interim payment").

**Table 1:** Percentage actual cash paid monthly related to the total actual amount due at the end of the previous month.

	Pharmacy Pharmacy		
	1	2	Average
1974			
October	43.6	44.3	44.2
November	41.5	37.8	38.6
December	58.7	59.7	59.5
1975			
January	49.8	54.2	53.3
February	47.4	47.6	47.5
March	51.2	47.6	48.4
April	49.2	48.2	47.4
May	46.8	47.8	47.6
June	47.1	46.1	46.3

If the payments truly represented 100 per cent of each month, the figures shown in the table above would invariably be 50 or more. You will note that this occurred only in December 1974 and January 1975 when extra payments were made for the arrears from January to September 1974. The above situation is bad enough, but when we consider the effect of inflation, the situation is even worse.

Table 2 shows the increasing amounts due from the Department up to the most recent amount received. Our financial year

commences on October 1. At that time last year, the amount owing was 204.5 per cent of the September 1974 account in respect of pharmacy 1 and 236.6 in respect of pharmacy 2. In order to represent the percentage increases since that date, the amounts are expressed as 100 for September in table 2.

**Table 2:** Increasing amounts due from DHSS (September 1974 = 100)

	Pharmacy Pharmacy		
	1	2	Total
1974			
October	144	104	106
November	118	112	113
December	105	94	96
1975			
January	116	100	103
February	120	107	109
March	121	111	113
April	131	115	118
May	140	120	124
June	143	125	129

It will thus be seen that the proportionate amount being paid is decreasing and is not keeping pace with inflationary costs of the service. If the trend from February to June is continued (and this would appear to be the case, judging by the costs of the purchases), then the amount being received from the Department is already inadequate. Surely this situation cannot be tolerated any longer. We are faced with increasing demands for up-to-date payments from our suppliers, while the cash is not forthcoming from the Treasury. Why cannot the payment be made as promptly as would be expected in any normal business transaction?

C. V. Hammond  
Bishop's Stortford, Herts

## 'Con-tobs' and medicines

Most weeks I make a journey which takes me by a trade "cash and carry" where I usually buy some "bargains"—I notice that I am able to buy medicines from time to time at prices considerably below those offered by my wholesaler or direct from the manufacturer. For example, I recently refused to give the Reckitt & Colman representative an order for 30 cases which carried a small discount on trade prices; the following day I was able to buy Lemsip at £1.86 per dozen from a cash and carry against the normal trade price of £2.81. This is not an isolated case and I conclude that some manufacturers of popular medicines are offering the grocer, newsagent, etc the opportunity to buy their products at lower prices than the pharmacist who is normally unable to leave his business to visit a cash and carry.

Perhaps the philosophy of these manufacturers is summed up by an article which I have just read in a publication *Con-Tob Retailing*, which is aimed at sweetshops, newsagents, etc. The article takes the form of a question and answer interview with Mr J. S. Longden, marketing manager at Beecham.

After naming the various minor ailments prevalent during the winter, the question is posed "What can the shopkeeper do about this? Should he leave it to the experts, the doctor and the chemist?" Apparently not, thinks Mr Longden.

"Home remedies offer a chance of adding turnover." "Look what sufferers do and what is advertised". "Now is a good time to start". Mr Longden goes on to intimate that the proposed General Sale List should not have much effect on the sale of home remedies, and in any case the effect won't be known for a year or two. Incidentally, Beecham have produced an attractive little pack of their products aimed at the "con-tob" types by which, for an outlay of approximately £5, a profit of £4 can be made. It goes without saying that the Beecham representative has never offered this to me.

What is really provoking is the fact that many home remedies have become household names over the years, largely because of the efforts of the retail pharmacist. Now these same products are sold by any High Street trader. My answer is to steer customers towards chemist-only brands, which in any case are often more effective at less exorbitant prices. The retail success of Benylin Expectorant, for example, shows how successfully this can be done.

C. Holmes  
Crail, Fife

## Maintaining independents

As a proprietor pharmacist who qualified about the same time as "Frustrated Multiple Employee" and shares his views regarding company expansion at the expense of the individual, may I presume to offer him some advice?

To change the Companies Act and to allow only pharmacists to own pharmacies and to restrict the number they own to one each would, if put to a vote, have considerable backing. However, the opposition from shareholders, riding on the back of pharmacy, considering it essential to raise the "tone" and the profits of their otherwise ordinary stores or supermarkets, would be phenomenal. Restricting pharmacists to the ownership of one pharmacy would, in fact, give the patient a far better service in that the pharmacist would have total professional and financial commitment. There would be no possibility of passing the buck to head office, decision making would be simpler and more immediate and the threat of bankruptcy would be the greatest spur to efficiency ever invented! The business would be run in the interests of pharmacy rather than of the shareholders—interests which are often conflicting. Why not sell pyjamas with your hot water bottles to increase turnover? The shareholder would have a better dividend while the pharmacist and pharmacy are ridiculed.

Acquisition of a suitable pharmacy depends on many factors too numerous to go into at this point. It is essential that the retiring pharmacist does not put too high a price for "goodwill" and that part payment becomes acceptable, with interest on the remaining loan to the buyer being, say, 1 per cent above the bank rate (MCR). A young potential independent then has a chance—otherwise all are just cannon-fodder for the companies. From the purchaser's point of view, I would suggest that to restrict oneself to within 100 miles of London is unnecessary. That £80,000 turnover is only required in an area of high

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# Letters

Continued from p727

rent, wages, etc., and the real factor to be studied is the net profit after payment of overheads. A smaller pharmacy is easier to supervise from the legal point of view and to work in. A smaller stock with a faster turn-round is financially more desirable to the purchaser.

One must admire the writer for attempting to save sufficient capital for the purchase. This is impossible to the majority, especially in times of high inflation. Some capital is essential, if only to prove the self-discipline required for thrift; the rest must be borrowed. At this point the NPU Business Purchase Fund should be made less restrictive and more available to the next generation of independent self-employed pharmacists. It would appear however that the majorities are held by various companies within the NPU and the individual will have to rely on the local bank manager.

Sir, I protest too much. I have my pharmacy!  
**R. N. Thomas**  
 Holyhead

## Union politics

In his letter under the heading "ASTMS—the right 'umbrella'", Mr Stanley Blum writes: "ASTMS, because of its size, also has a substantial voice in Parliament; at the present time 32 Members in the House of Commons and 10 members in the House of Lords." Later he says: "ASTMS contains, as one would expect, a large cross-section of political views."

I would be interested if he would disclose the actual political associations of the 32 Members of the House of Commons and 10 representatives in the House of Lords, so that one may judge the extent of the political cross-section before, as a self-employed pharmacist, I contemplate joining ASTMS as representative of my interests.

**Graham E. Emery**  
 Westham, Weymouth, Devon

## Boots' higher price

Congratulations to Mr J. Wright, secretary, National Pharmaceutical Union with respect to his letter addressed to the Prime Minister on behalf of the NPU, reacting to the Government advertisements featuring Boots Co chairman (C&D, November 1, p605).

Mr Wright's letter put forward points which were reasonable, appropriate and polite in tone. However, but for the gentleman that he is, Mr Wright could, more pertinently, have pointed out that perhaps Boots could be possibly subsidising some of their retail sales (to give lower prices) by government funds through the medium of the health service. Stabillin elixir VK 125mg/5ml 100ml, manufactured by Boots, has had a trade price of £0.50 for many months now whilst the equivalent manufactured by Glaxo, Dista and other well known companies has remained at £0.30.

Why should Boots charge £0.20 more? Many doctors prescribe the Boots product—on what grounds can they justify their

decision for this much more expensive preparation? Which brand is supplied by Boots in their dispensaries for "open" prescriptions when they will presumably only be paid for the £0.30 per 100ml rate? I am inclined to believe that neither Boots nor any multiple—nor in fact any business—have philanthropic motives for cutting prices; business reasons predominate!

**D. Hemingway**  
 Grange-over-Sands

Boots admit the price quoted for the product is correct, and has been since November 1, 1974; it is "one of these rare instances" where their prices are higher than their competitors'. However, the company explain the difference by the fact that they are not prime manufacturers of penicillin and thus their costs seem to be higher than other companies'. Boots add that they would welcome publicity for the other generic prices that are significantly below their competitors!—Editor.

## Ungrateful thanks

May I, through the medium of your journal, thank Lenthieric for deleting all the best-selling coffrets from my Christmas order; Jacqueline for sending the wrong order completely and their representative for, as yet, failing to call to sort it out; Fassett & Johnson for refusing to accept our Christmas order (it was 30p below the requisite £50), and for the second year running 4711 who seemingly would not have sent us an order at all had I not rung twice to ask its whereabouts.

May I wish the aforementioned a prosperous Christmas and New Year and add to them the names of Yardley, who regularly reduce our seasonal order, and Max Factor and Old Spice who regularly send their order anytime except when requested.

**T. Keep**  
 Nicholson & Keep,  
 Gravesend, Kent

## Company News

### Boots' retail sales up 23 pc in first half

UK retail sales by Boots Co Ltd were 22.9 per cent higher in the six months to September 30 than in the same period last year.

That figure is given in the unaudited results published last week. However, the company says the growth in the second quarter was somewhat reduced when compared to the first quarter because of the recession in the economy, and a major part of the half-year increase represents price inflation. The directors expect difficult trading conditions to continue and profit growth in the second half of the financial year to be at a lower rate.

Boots' overall sales for the period are 23.3 per cent higher at £290m (1974: £235.2m), with exports increasing by 33.6 per cent and sales by overseas companies up by 19.6 per cent. Profit, before tax, is £30.7m—16.3 per cent higher (£26.4m)—and, after tax, is estimated at £15.3m (£12.7m). The profit figures were arrived at after charging £4.4m towards the actuarial deficit of £8.83m which had been declared previously in Boots Pension Fund, a separately administered trust.

The company's directors have declared an interim dividend of 0.8859p per share. That is the maximum permissible under existing Government regulations while at the same time maintaining the ratio between interim and final dividends as in the previous year.

### Weston profits up

Weston Pharmaceuticals Ltd's retail sales in the six months up to August 31 were 18 per cent up on the same period last year, according to the company's interim report published last week.

In the report, Mr R. Weston, chairman,

states that such sales "continue to reflect the benefits being achieved by the improvement and strengthening of group marketing policies." Increased NHS costs and remuneration "should further stimulate the rate of growth in the second half of the year."

Overall the group's turnover was about 15 per cent higher at £23.96m (£20.86m in 1974). Profits were up 1.73 per cent at £821,000 (£807,000) after allowing for higher finance charges of £299,000 (£252,000). Profit after tax is given as £394,000 (£387,000), and an interim dividend of 6 per cent has been declared—the same as last year.

The report notes that pressure on margins was still adversely affecting profits in pharmaceutical manufacturing, in spite of nearly 40 per cent increase in sales over the corresponding period last year. Mr Weston adds: "Continued management efforts are being made to ensure a higher level of production and sales, which is hoped will reverse this trend." In the wholesale division, "further consolidation has improved the debtor and stock position" and sales were in line with budgets: continued improvement was expected. Turnover and profit in tobacco products were slightly down because of general destocking by retailers and wholesalers, but sales were returning. Mr Weston anticipates that group profits for the full year will be "satisfactory".

### Willows Francis loss

A net trading loss of £47,861 for the year ending June 30 is reported by Willows Francis Ltd. It compares with a profit of £53,486 for the previous year. Turnover was £1,935,658 (£1,722,254). No dividend. Mr. A. J. Cornforth, chairman, states demand for products from dental, medical and chemist divisions "has held up well". Export from dental and medical divisions were a record. "Veterinary division has not performed up to our expectations due to the continuing depressed state of the large farm animal market in the UK and Ireland." Plans for a new factory at West-houghton have now been cancelled and instead an extensive modernisation of Epsom premises is under way.

Continued on p730



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## Company News

# Roche and Government settle

Prices of Librium and Valium are to rise by 50 and 100 per cent respectively under a settlement reached between the Government and Hoffman-La Roche. But the company is to make a payment of £3½m in respect of "excess profits" and will rejoin the Voluntary Price Regulation Scheme, Mrs Shirley Williams, Secretary for Prices and Consumer Protection, announced in the Commons last week.

The settlement, which has been welcomed by both sides, relates to the dispute that followed a report by the Monopolies and Mergers Commission and the resultant Government Order in 1973 reducing Librium to 40 per cent of the 1970 price and Valium to 25 per cent of the 1970 price.

Roche then applied to the Special Orders Committee for the appointment of a Select Committee to inquire into the Order but this was rejected and the Order approved by Parliament. Subsequently the company started proceedings in the High Court against the Government and the Commission, alleging unfairness and breach of natural justice and applying to have the Order declared void. In April 1974, out-of-court negotiations began to seek a settlement. During these negotiations the company gave the Government more information than had been given to the Monopolies Commission, Mrs Williams told the House, and the following agreement was reached:

□ The company will repay to the Government approximately £3½m, in addition to the £1.6m paid earlier in respect of the years 1967-69; the figure of £3½m is an overall settlement which takes account of excessive profits over the period January 1, 1970 to April 23, 1973, the date of the coming into force of the Order. In respect of that period the sum is £12m, but the Government has accepted that since the Monopolies Commission reported the Order prices have become unduly low and that under normal VPRS guidelines an offset of £8.25m is due to the company. The figures on both sides include interest payments.

## Back in VPRS

□ The company rejoins the VPRS for all its "ethical" pharmaceutical products.  
 □ The company has accepted that the new prices of Librium and Valium will be put at approximately half the 1970 level, which was the baseline from which the Monopolies Commission inquiry started, and that they will settle with the DHSS price changes for their other medicines within the provisions of the VPRS; the new prices of Librium and Valium will still be less than half those ruling in the rest of the world.

Mrs Williams went on: "The company have informed us that they intend to continue their research and investment in the UK and that they plan to spend several million pounds on improved research, production and administration facilities both at Welwyn Garden City and at Dalry, Ayrshire, and thus continue their valuable contribution to medicine. They are also considering a further major expansion at Dalry of their vitamin and chemical production facilities for Europe and other world markets."

Roche have undertaken to withdraw legal action against the Crown and the Monopolies Commission together with any allegations of impropriety—subject to effective revocation of the existing price Order.

Commenting on the settlement, Roche say that under the rules of the VPRS they will be able to raise overall profitability to a level comparable with other research-based pharmaceutical companies doing business in the UK. "Part of the profitability adjustment will take the form of an increase of the present Librium price by 50 per cent to 1.6p for an average daily dose and of the Valium price by 100 per cent to 10p. These prices, while low by international standards, are seen by Roche as 'nearer to realistic levels'. Further price changes in the entire product line of Roche are being negotiated with the DHSS."

In a message to his 1,800 British staff at Roche Products, Dr A. Jann, chairman both of the British company and of F. Hoffman La Roche & Co, said: "Now we are happy. Everybody will gain from this settlement". He believed the Government had been impressed by the fact that the company had sanctioned investment plans costing more than the £ millions being lost in price cuts. Few companies spent more of their income on research—around £2m a week in five centres.

## Business briefly

**Mr M. E. Millward, BPharm, MPS**, has opened a new pharmacy at 178 Hertford Road, Enfield, Middlesex (telephone 01-804 1503). The business is trading as Millward & Sons (Enfield) Ltd.

The business of **R. Stuart-Orkney, MPS**, dispensing chemists, has been transferred from St. John's Street, Kempston, Bedford, to the Saxon Centre, 242 Bedford Road, Kempston.

**Albright & Wilson Ltd** have launched a programme of energy conservation in their 18 UK and 25 overseas manufacturing plants in an effort to save £1m a year. The company's fuel bill was £12m in 1974.

**Federated Chemicals Holdings Ltd** have acquired the 26 per cent of the equity of Clonmel Chemicals Co Ltd, not already owned by the company. There is to be no change in the management of Clonmel, which is engaged in the manufacture and distribution of pharmaceutical products in Ireland, and Mr T. O'Brien continues as executive chairman.

A new £1m process development laboratory has been opened in Newark, Delaware, by the **Stuart Pharmaceuticals** division of ICI United States. The facility will improve Stuart's capability for the development of improved dosage forms and provide flexibility for the development of new drugs from ICI research laboratories.

# Appointments

**Wella International:** Mr Karl Heinz Krutzki has been appointed chairman of the board of directors of Wella International, Darmstadt, Western Germany.

**Retail Consortium:** Mr Graham Perry has been appointed assistant to the director, Mr Richard Weir, to be responsible for promotional activities and communications. Mr Perry has been editor of the British Harward Federation's journal for the past four and a half years.

**Eli Lilly International Corporation** have appointed Edward R. Roberts, MPS, as executive vice-president with overall responsibility for company operations in the UK, continental Europe, the Middle East and North Africa. He takes over from William G. Davis, junior, now named executive vice-president for the pharmaceutical division of the parent company.

# Coming events

## Sunday, November 23

**Wiltshire Area Chemist Contractors Committee**, Bear Hotel, Devizes, at 2.30 pm: Half-day conference on "Pharmacy in the next decade". Speakers: Mr J. Williams, Mr B. Dean, Mr G. Hill.

## Monday, November 24

**Burnley Branch, Pharmaceutical Society**, McKenzie Medical Centre, Guest speaker Professor A. H. Beckett.

**Federation of South-eastern Pharmacists**, Southover Grange, Lewes, at 8 pm. Annual meeting.

**London Branch, Guild of Hospital Pharmacists**, National Hospital for Nervous Diseases, Queen Square, London WC1, at 7.30 pm. Professor C. E. Stroud on "Environmental influence on child health".

**Southampton Branch, Pharmaceutical Society**, Rhinefields House, New Forest. Buffet supper with illustrated talk on "A walk in the New Forest" by Mr G. Cross MBE.

**Teesside Branch, Pharmaceutical Society**, Postgraduate Centre, North Tees Hospital, at 7.45 pm. Dr R. P. Graham on "Acupuncture today".

## Wednesday, November 26

**Ayrshire Branch, Pharmaceutical Society**, Marine Court Hotel, Ayr. Dinner-dance.

**Cardiff and South Glamorgan Branch, Pharmaceutical Society**, UWIST, at 7.30 pm. Dr M. W. Anaar on "Holy and healing wells in Wales".

**Crawley, Horsham and Reigate Branch, Pharmaceutical Society**, St John's hall, Horley, at 8 pm. Mr K. K. Lokhandwala on "Perfumes".

**Edinburgh Branch, Pharmaceutical Society**, Society's House, York Place, at 7.45 pm. Dr Cash on "The blood transfusion service—past, present and future".

**West Metropolitan Branch, Pharmaceutical Society**, Great Western Royal Hotel, Paddington Station, London W2 at 7.15 pm. Mr P. S. Morrish on "Trial by jury".

## Thursday, November 27

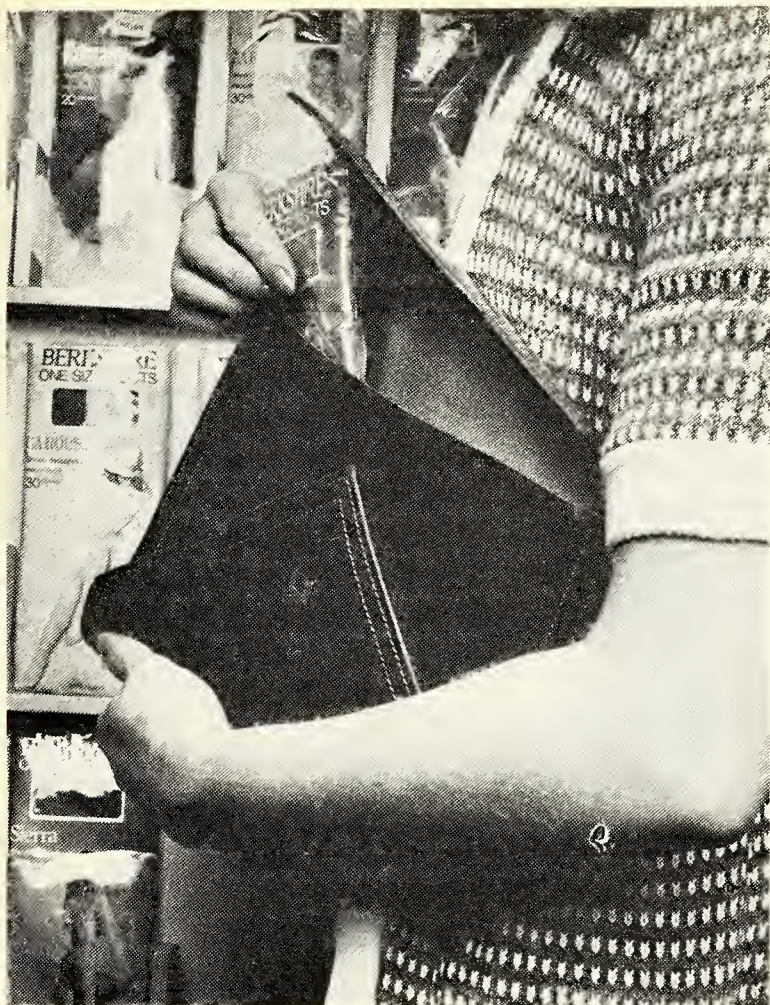
**Bristol Branch, Pharmaceutical Society**, Dryham Lodge, Bristol, at 7.30 pm. Dr D. W. Duckworth on "Scientific crime detection".

**Mid-Glamorgan Branch, National Pharmaceutical Union**, Restaurant, Treforest trading estate, at 8 pm. Mr I. Harrison on "Drug addiction".

## Friday, November 28

**Croydon Branch, Pharmaceutical Society**, Greyhound Hotel, Croydon, at 8 pm. Commander J. S. Kerans DSO on "The Yangtse incident".





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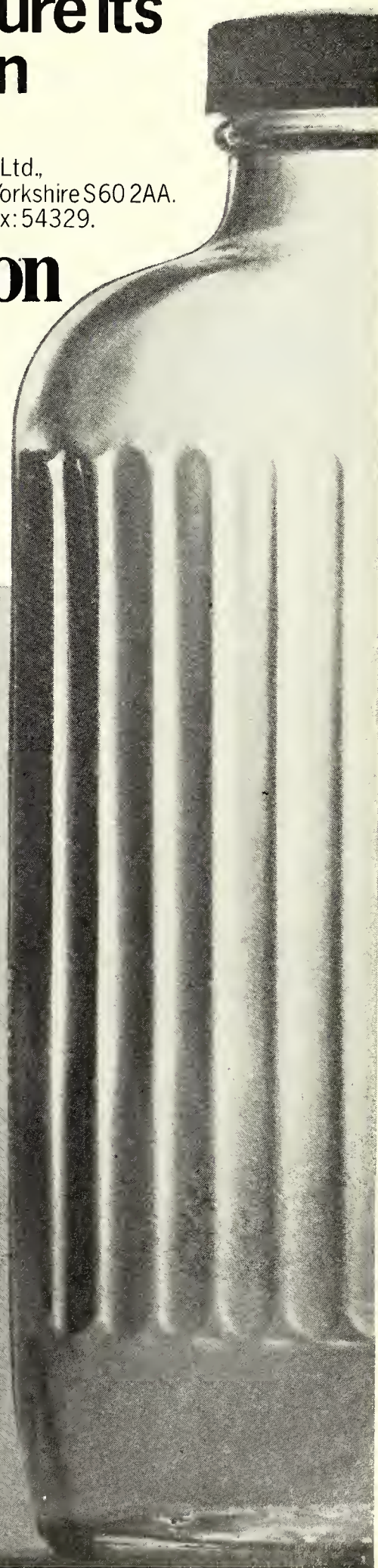
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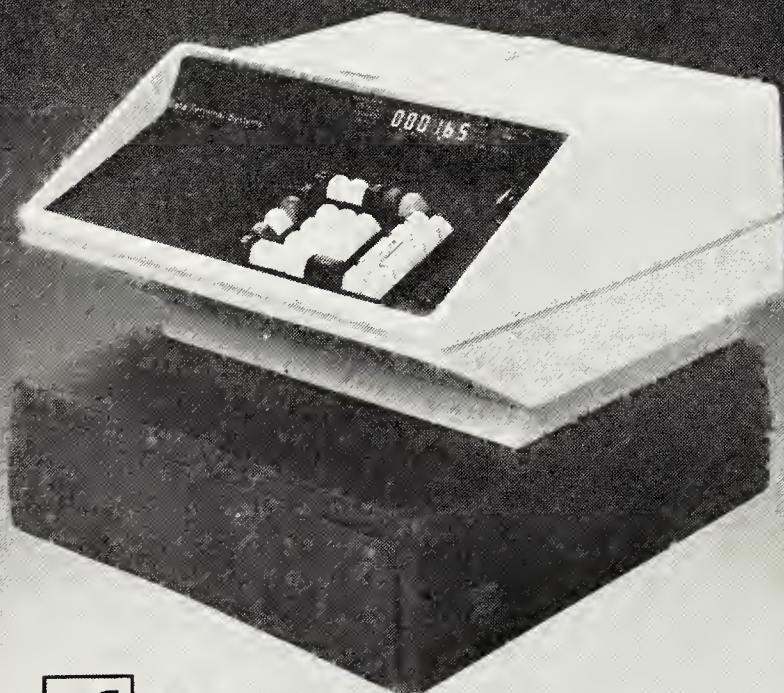
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# Market News

## Menthol short on spot

London, November 19: The market for menthol was somewhat confused during the week with a number of short sellers trying to cover their October-November shipment commitments in a market which had little in stock. Afloat parcels were at one time being offered at well under the rate quoted by shippers in Brazil.

Some spices tended to be easier; they included Sarawak pepper on the spot, Nigerian split ginger for shipment, and cardamom seed.

Bees wax, unquoted for several weeks from all origins, came on offer from Dar-es-Salaam but the rate was high. Although carnauba wax has been offering the prices of both grades have been sharply advanced. Lower among crude drugs were aloes (Cape), balsams (Canada and Peru), cascara, cherry bark, hydrastis, Costa Rican ipecacuanha and senega. Lemon peel continued to firm.

Among essential oils Brazilian peppermint was up by £0.10 kg. The gap between spot and shipment rates for petitgrain, commented on in last week's report, was narrowed. Lemongrass firmed

at origin by £0.50 kg and spot offers were withdrawn. Chinese cassia oil was still not being quoted in London although China is reported to be offering the oil in the US market.

Prices of pharmaceutical chemicals have mostly remained stable now for a number of months. Makers are hoping that the Government's measures on wage increases will enable them to maintain their current rates or, at least if increases are necessary, they will be only marginal in size. For chemicals as a whole there has been a substantial reduction in off take. Demand for sulphuric acid—usually recognised as the "barometer" for chemicals showed a considerable fall in the third quarter of the year. Production by the National Sulphuric Acid Association members during that quarter fell by 25.9 per cent to 721,445 metric tons compared with the third quarter of 1974. Sales fell by 17.5 per cent at 841,986 tons.

## Pharmaceutical chemicals

**Ferrous fumarate:** £1.25 kg for 50-kg lots.  
**Ferrous gluconate:** £1,395 metric ton delivered.  
**Ferrous phosphate:** In kegs £553.80 metric ton.  
**Iron ammonium sulphate:** £250-kg lots £0.27½ kg.  
**Iron and ammonium citrate:** Granular £903; scales £990 metric ton.  
**Iron phosphate:** 50-kg lots £553.80 metric ton.

## Crude drugs

**Aloes:** Cape £0.97½ kg spot; £0.96½, cif. Curacao £1.50 nominal spot; £1.40, cif.  
**Balsams:** (kg) Canada: £14.60 spot; £14.25, cif. for shipment. Copaiba: BPC £1.65 spot; £1.60, cif. Peru: £4.60 spot; £4.30, cif. Tolu: £3.25 spot.  
**Cardamoms:** (per lb cif), Alleppy green No 1 £2.00, prime seeds £1.60.  
**Cascara:** £900 metric ton spot; £6.75, cif.  
**Cherry bark:** Spot £525 metric ton; £515, cif.  
**Cinnamon:** (cif) synthetic £0.98, cif for 98 per cent.  
**Cinnamon:** (cif) Seychelles bark £345 ton, cif; Ceylon quills 4 O's £0.51 lb.

**Ginger:** (ton, cif) Cochin £620; Jamaican No 3 £700; Nigerian Split £490, peeled £600.  
**Gums:** Acacia, Kordofan cleaned sorts \$1,280, fob, metric ton. Karaya No 2 faq £330 metric ton, cif. Tragacanth No 1 £555 spot per 50 kg.  
**Hydrastis:** £8.00 spot; £7.75, cif.  
**Ipecacuanha:** (kg) Costa Rica £3.55 spot; £3.40, cif. Matto Gross spot nominal £5.30; £5.15, cif. Colombian £5.30, £5.15, cif.  
**Lemon peel:** Unextracted £880 metric ton spot; £850, cif.  
**Liquorice root:** Chinese £190 metric ton, cif. Russian £225 spot; £215, cif. Black juice £1,130. Spray-dried £1,050.  
**Menthol:** Brazilian £9.90 kg spot; near shipment £9.50; Jan-Feb 1976 £8.70 to £9.30, cif. Chinese spot £10.60; shipment £9.95, cif.  
**Nutmeg:** (ton, cif) East Indian 80's £1,340; bwp £950. West Indian 80's £1,410, unassorted £1,150; defective £935.  
**Nux vomica:** £210 metric ton spot.  
**Pepper:** (ton) Sarawak black £800 spot; £730, cif; white £1,020; £940, cif.  
**Senega:** Canadian £12.25 kg spot; £11.70, cif.  
**Tenquin beans:** Spot £0.95 kg; Shipment £0.88, cif.  
**Waxes:** (metric ton) Bees', Dar-es-Salaam £1,275, cif. Candellilla, £720 spot; £690, cif. Carnauba, fatty grey, £1,000 spot; £970, cif. prime yellow £1,725 and £1,675, cif.

## Essential and expressed oils

**Lavender spike:** £10.25-£12.50 kg spot.  
**Lavandin:** About £5.00 kg.  
**Lavender:** French £19.50 kg spot.  
**Lemon:** Sicilian best grades from £6.00 kg.  
**Lemongrass:** Spot, no offers; shipment dearer at £3.40 kg, cif.  
**Lime:** West Indian from £9.50 kg spot.  
**Mandarin:** £6.00 kg.  
**Nutmeg:** (per kg) English distilled from West Indian £21.75; from East Indian £16.00.  
**Olive:** Spot, ex wharf—Spanish origin cartons of 6 × 1 gal £4.75 gal. Mediterranean, £1,150 metric ton in 200-kg drums.  
**Patchouli:** £4.25 kg spot and cif.  
**Pennyroyal:** To arrive £9.00 kg.  
**Pepper:** English distilled ex black £62.50 kg.  
**Peppermint:** (kg) Arvensis Brazilian, £3.60 spot; shipment £3.50, cif, all positions. Chinese £3.70 spot; £3.55, cif. American piperata £15.00-£15.50.  
**Petitgrain:** £4.45 kg spot; £3.80, cif.  
**Sassafras:** Chinese £1.65 kg spot; £1.60, cif. Brazilian £1.60; £1.50, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

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Information from Dr. T. J. Bradley, Area Pharmaceutical Officer, St. Mary's Hospital, Whitworth Park, Manchester M13 0JH. Telephone 061-224 9633, ext. 312. Application forms available from Area Personnel Officer, Manchester Area Health Authority (Teaching), Mauldeth House, Mauldeth Road West, Manchester M21 2RL. Telephone 061-881 7233 ext. 218. Closing date for applications: 12th December, 1975.

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